

JANUARY 28 1978

CHEMIST & DRUGGIST

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4

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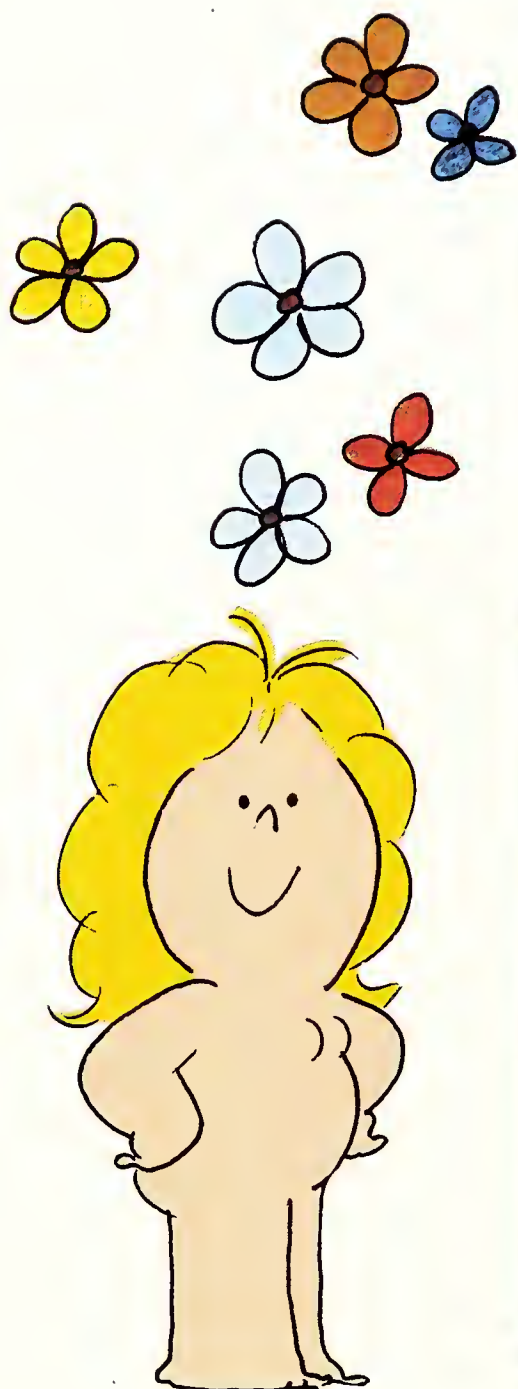
The profession and industry in Ireland

SPECIAL FEATURE

MPs seek debate on POM Order

Westons are 'marginally profitable' but confident

Vestric's new computer



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CHEMIST & DRUGGIST

The newsworthy for pharmacy

28 January 1978

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CONTENTS

- 103 Comment—Pharmacists' prayer
- 104 Commons debate on POM Order timing?
- 105 MPs react to PSNC letter on £5m
- 106 Change of emphasis in pharmacists' training
- 111 People; Deaths
- 111 The Xrayser—Sorting men from boys
- 112 New products; Prescription specialities
- 113 Trade news
- 114 On TV next week
- 119 Profession and industry in Ireland—
Special feature
- 127 Vestric install computer for the 1980s
- 128 Westons "marginally profitable"
- 129 Coming events; Market news; Letters
- 130 Classified advertisements

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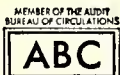
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28 January 1978

COMMENT

Pharmacists' prayer

A House of Commons "prayer" to annul the Prescription Only Medicines Order may be debated next week—on the eve of the Order's coming into force. Even though unlikely to "succeed," this Parliamentary device should at least draw the attention of MPs and Government Ministers to the appalling burden that is being placed upon the pharmacist by the implementation of Part III of the Medicines Act without due notice. Even though the legislation has been laid before the House, it is doubtful whether more than a handful of members comprehends its complexities—the policies having been defined by the Act, the finer details tend to be left to the Civil Servants.

The question that must be asked, however, is whether *anyone* fully understands the legislation. A good example came last week when the journal of the Pharmaceutical Society (the enforcement authority, no less) included a statement that the register for entries of sale or supply of POMs "must be kept exclusively" for that purpose. The National Pharmaceutical Association could find no such requirement in the legislation and is advising its members (p104) to use the back of their existing prescription books for these records. If such pitfalls of interpretation can trap those whose job it is to advise, what hope is there for the man or woman at the dispensing bench?

No wonder that Mr T. P. Astill, NPA deputy secretary, was so outspoken last weekend (p104). His off-the-cuff comments were clearly born of frustration and we make no apology for quoting them at length because they so succinctly sum up what the whole profession is feeling. Mr Astill said: "The more I look at the 300 pages of regulations implementing Part III, the more cross I become on behalf of pharmacists. It is quite stupid that the Department of Health and Parliament between them should take eight years to consider this piece of legislation, make last minute changes to it without consultation, and should then publish it only three weeks before its implementation date and expect people to cope.

"It is vast, it is detailed, and there are so many anomalies, that unless something is done about it and done quickly, there are going to be problems, as far as the eye can see . . . So far as the general public is concerned there is going to be very little change indeed. They are certainly not going to be any better protected than they have been until now. As far as public benefit is concerned the result is zero, but for pharmacists it is going to mean so much to learn and a good deal of extra work."

Come February 1 and there could be many pharmacists unwittingly breaking the law—a law of which they have no understanding and have had little warning. The profession will cope of course—it always does—but it should not have come to that. We hope that next Tuesday there will be apologies from our legislators, a statement concerning whether the Government can offer relief from the present crisis—and an undertaking that never again will the profession be put in such a position.

Commons debate on POM list 'rush'?

Some Conservative MPs, joined by some Labour back-benchers, are drawing the Government's attention to the lack of time given for implementation of Part III of the Medicines Act 1968.

They have tabled a "prayer" calling for annulment of the Medicines (Prescription Only) Order, a Parliamentary device which it is hoped will lead to a debate in the Commons on January 31.

Dr Gerard Vaughan, Opposition spokesman on health, said last week, "It's quite monstrous that the Government should have spent six years in consultation with the Pharmaceutical Society and then suddenly imposed upon them a last minute rush. The Regulations are vastly complex and it is quite clear that a totally inadequate time has been given to the pharmacists to adjust

to the necessary changeover. In recent months the Government has attacked the pharmacists' finances and I would have thought they had already made life difficult enough without imposing these new burdens. It is an inept and incompetent way of dealing with a profession."

The "prayer" follows representations from the Pharmaceutical Society, with the support of the National Pharmaceutical Association, Association of the British Pharmaceutical Industry, Proprietary Association of Great Britain, Boots Co Ltd and wholesalers.

Mrs Joyce Butler has tabled a motion seeking concessions on certain parenteral products on the grounds that the order places undue restraint on the rights of unorthodox practitioners.

Emergency supplies dilemma

The Regulations covering emergency supply of a Prescription Only Medicine by a pharmacist could turn out to be a "white elephant", Mr T. P. Astill, deputy secretary of the National Pharmaceutical Association, said on Sunday.

Speaking at a seminar organised by Manchester and Salford Branch of the Pharmaceutical Society, he pointed out that before the pharmacist can consider making the emergency supply he must first satisfy himself that a genuine emergency exists. Then he must be satisfied that the particular patient has previously had that medication prescribed for him or her by a doctor. To a seaside pharmacist someone on holiday might say: "An emergency, I dropped the tablets down the drain", or "down the sink", or "the dog had them", or "they fell out of my pocket while I went for a paddle in the sea. I must have some more".

How are you going to satisfy yourself that they have been prescribed? Mr Astill asked. "Do you take the patient's word for it? Are you bound to ring his doctor in Southampton or Aberdeen? The Regulations don't say, but you must be satisfied."

And then there was the label, once the emergency supply was decided upon. On it must go the name of the medicine, its pharmaceutical form, its strength, quantity, the date, the name and address of the pharmacy, and name *and address*

of the patient, the nature of the emergency, and the word "emergency supply" all on a bottle containing three days supply. "So you are going to have three tablets, one a day, in a bottle 2ft square in order to accommodate all the words on the label!"

Use script books for POM sales

The National Pharmaceutical Association is recommending that its members use their existing prescription books for recording sales and supplies of Prescription Only Medicines. Prescription sales of POMs should be entered among members' other prescriptions in the front part of the book. Sales or supplies of POMs other than on prescription should be entered in the back part of the book. All private prescriptions are then recorded in the same place thus facilitating VAT accounting.

Discussion on locum fees

Portsmouth pharmacists held a meeting on Monday evening for locums and employers to reach an amicable agreement on a minimum rate of payment for locums.

The locums present quoted rates varying from £1.75 to £2.60 an hour and it was suggested that £2.50, without travelling expenses, should be the minimum hourly rate between 9 am to 6 pm, with "time-and-a-half" for rota periods and other hours, the rate to be reviewed annually. It was also suggested

that the locums should undertake both dispensing and managerial work (such as cashing up) providing they were made aware of their duties beforehand.

The meeting's conclusions are to be circulated to the Society's Portsmouth Branch members as general guidelines.

Commission to look at sanpro prices

The Price Commission is to investigate increases in the price of sanitary protection products proposed by Southalls (Birmingham) Ltd.

The company prenotified the Commission on December 23, 1977, that it intended to increase prices. The Commission's decision means that the price increases may not be implemented during the investigation which must be completed within three months. However, the Commission is able to allow interim price increases, and is obliged to do so to the extent to which the safeguard provisions operate.

UG Glass can raise their bottle prices

The Price Commission has recommended there should be no restriction on the price increases of glass containers notified by UG Glass Containers Ltd. The company has assured the Commission it will not seek to increase these prices again before September 16, 1978, unless there is a disproportionate and unexpected increase in costs.

The report, "UG Glass Containers Ltd: prices of glass containers," (HM Stationery Office, £0.70) published this week, says that the company has undertaken to review the disparity between large and small customers; the possibility of improving capacity utilisation through firmer contracts with their customers; and their uniform delivered price system. The company was permitted an interim price increase of 7.22 per cent on October 20, 1977, so the effect of the Commission's recommendation is to permit a further increase of 2.58 per cent.

Return to a loss on the Register

The Pharmaceutical Society's Register of Premises showed a net decrease of three pharmacies in December 1977, reversing the trend of the two previous months. Fifteen pharmacies closed down in England and 12 opened up, including two and three respectively in London. In Scotland one closed down and in Wales two closed down and three opened up.

MPs react to PSNC letter on £5m

Nearly 200 Members of Parliament have so far replied to the Pharmaceutical Services Negotiating Committee's letter objecting to the Commons statement on chemists' NHS remuneration made by Mr David Ennals, Secretary for Social Services (last week, p72). The letter had claimed that Mr Ennals' references to £5m being made available for smaller pharmacies was "misleading" and estimated that £30m was required to save the service from total collapse. A PSNC spokesman told *C&D* this week that a considerable number of MPs have expressed a willingness to meet the committee's chairman, Mr Bob Worby, and meetings are now being arranged with members of the major political parties. The Parliamentary "early day" motion calling for more funds for community pharmacies carried 177 signatures of MPs at the time *C&D* went to press.

ASA uphold Boots record complaints

Two complaints against Boots Co Ltd—that a list of songs said to be included on a record album was misleading—were upheld in November by the Advertising Standards Authority Ltd.

Two members of the public had complained to ASA that the song "Sailing" was listed on a Rod Stewart album although an entirely different song "Sailor" was on the record. Boots explained to ASA that the error was only discovered after the first insertion of the advertisement and that subsequent insertions had been corrected. Branches had been instructed to refund immediately any customer dissatisfied as a result of the original advertisement.

A complaint against Beecham Proprietaries' claims for Silvikrin was upheld in part. The claims that Silvikrin "contains aqueous alcohol which actually penetrates the scalp oils" and was "the first step to healthier hair" were subjected to independent advice. It was noted that aqueous alcohol would penetrate surface scalp oils but despite the general emphasis being on the *appearance* of the hair the slogan "the first step to healthier hair" conflicted with the code of practice. Beecham had already decided to replace the slogan as part of their development programme.

Four members of the public challenged a guarantee for Vaseline Intensive Care antidandruff shampoo by Cheseborough Ponds Ltd. An advertisement claimed "We guarantee your money back if your dandruff hasn't gone after six shampoos" whereas the product label stated "if you do not notice a significant reduction in your dandruff condition".

Cheseborough Ponds Ltd regretted the discrepancy. The advertisement was correct and future advertisements would include an explanatory note superseding the pack guarantee.

Several complaints were made concerning non-receipt of mail order goods including five against H. J. Heinz Co Ltd and one against Reckitt & Colman Ltd. In those cases goods or a refund were supplied although ASA says that did not necessarily imply admission of fault by the advertisers.

Drug Tariff changes

A fertility thermometer is included in the 1978 Drug Tariff but it may not be ordered or dispensed on FP10 before April 1. Its price will be that of the invoice although it will be free of prescription charge. The specifications are: mercury in glass conforming to BS691 "clinical maximum," range 35 to 39°C subdivided in 0.1°C. It is to be supplied in a re-usable screw-capped plastic protective case. Temperature charts and advice on their use are to be given by the prescribing doctor.

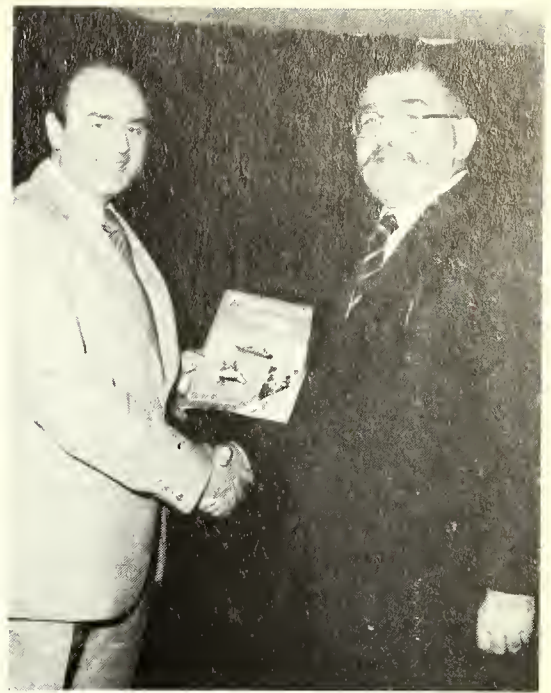
Also included in the new tariff are the discount scale operative from June 1, 1977, rota fees effective from August 1, 1977, and payments for pre-registration trainees from June 1, 1977. PV11 on oxygen therapy service has been extensively revised to incorporate changes occurring during 1977.

NCT urgently needs excessive tax examples

The National Chamber of Trade is urgently requesting case histories for use as evidence that small firms are crippled by excessive taxation. NCT asked for evidence in November (*C&D*, November 19, 1977, p791) but the response has been "depressingly low" possibly due to pressures of business over the Christmas period. NCT says it is crucial to its representations to be able to substantiate claims. Details required are: Nature and size of business; location; brief indication of taxation problems. Cases should be sent to NCT, Enterprise House, Henley-on-Thames, Oxon RG9 1TU.

Entero-vioform OTC packs discontinued

In anticipation of proposed legislation under the Medicines Act, Ciba Laboratories are now recommending that with effect from February 1, Entero-vioform tablets should be regarded as a prescription-only product. The three existing packs of Entero-vioform (16, 48 and 100 tablets) are being discontinued immediately and replaced with a new dispensing container of 100 tablets (£1.04 trade). Pharmacists will be advised by the company of the procedure for returning current stocks for full credit.



Mr Reginald Schild (left) is the new "top salesman of the year" in Ronson electrical division for achieving 113 per cent of his total target. Helping him select his prize—a "pick of the Mediterranean" holiday for two—is Ronson chairman and managing director, Mr C. W. Duffield. Mr Schild covers Avon, Somerset, Devon, Dorset and Cornwall

Otoseptil batches recalled

Napp Laboratories have recalled batch 9 and batch 17 of Otoseptil ear drops due to formulation difficulties. Pharmacists are asked to check their stocks of these ear drops and to return any packs of these batches to either their wholesaler or to Napp Laboratories Ltd, Hill Farm Avenue, Watford WD2 7RA. Replacement packs will be supplied.

Stole 'worthless' cosmetics

Six people admitted being involved in the theft of photographs and cosmetics, said to be worthless but with a nominal value of £2,384, from Crystal Products Ltd, part of Gala Cosmetics Group, Surbiton. The articles stolen were going to be destroyed by the owners, a fact taken into consideration by Judge F. H. Cassels at the Inner London Crown Court when administering sentences. The defending counsel said the theft had been carried out in a "desperately amateurish" way. Having gained possession of the cosmetics the accused had no outlet for disposal. Police had recovered most of the items leaving a total loss of £305.88.

Medicines Act: A note to suppliers

Would manufacturers and suppliers please note, in making print-out returns for the *C&D* Price List, that General Sales List and other categories apply ONLY to products with Medicines Act licences.

Change of emphasis in pharmacist's training

Improved and meaningful working relationships between pharmacists and doctors can only be achieved by a complete change of emphasis in the pharmaceutical profession's training.

That was the conclusion reached by Professor Paul Turner, clinical pharmacologist at St Bartholomew's Hospital Medical School, in answer to his own question "Is pharmacy training relevant to today's needs?", an address given to the Pharmaceutical Society's South Lines Branch last week. Without this revision, pharmacists would never achieve their objective of being consulted as experts on drugs and it would not be possible to prevent the role of the pharmacist diminishing to a technician's status.

Professor Turner felt it was a medical practitioner's role to teach pathology, therapeutics and symptomatology to pharmacists; it was not sufficient for lecturers of pharmacy schools to accept the responsibility. "A well-structured course should be given by members of the staff of the nearest school of medicine," he said. At least 100 hours of pathology and therapeutics needed to be introduced to the undergraduate courses for all students. It would take six years to see the first effective results of an

immediate change of emphasis. Every year of delay in implementation would see the pharmacist's role diminishing and it was the responsibility of the Pharmaceutical Society to press for an early change of direction.

Comparing the pharmacist's undergraduate training with that of both the medical and legal professions, Prof. Turner said, "Pharmacists do not have to practise a stroke of pharmacy in order to graduate. How then can they expect to be able to cope when they are exposed on the first day to patients?" Education would need to be reinforced with practical experience with patients and doctors as part of the undergraduate course.

He felt that pharmacists needed to become part of the decision-making process in patient care, with more active patient counselling and provision of primary screening such as testing urine samples, cholesterol and blood sugar levels. He was surprised that the British Medical Association had disapproved of the pharmacist's involvement with blood pressure testing and felt most GPs would welcome more information on their patients' condition—too often the first clue was a stroke or symptom of kidney disease.

PEOPLE



PR appointment for OTC medicines

The Proprietary Association of Great Britain has appointed Peter A. O'Donnell as its information and public relations executive. (PAGB represents manufacturers of OTC medicines.)

The creation of this new post reflects the growth in scope of PAGB's operations. There is an increased need for information to member companies on new legislation and on the administration and interpretation of the PAGB code of advertising practice. Mr O'Donnell will be responsible for servicing this need and for monitoring European and world developments in the pharmaceutical industry. He also becomes the editor of *News and Views*.

Mr O'Donnell is a graduate of Manchester University. He has been working as a writer and editor in Paris, Madrid and Istanbul for the past three years and is fluent in four European languages. Since his return to the UK he has produced *Inside Insurance* for the Chartered Insurance Institute and various educational and industrial publications.

Mr N. D. H. Shipley has been elected the Proprietary Articles Trade Association president for 1978. A member of the council since 1970, he is the home sales director, wholesale division, Ayrton, Saunders & Co Ltd. He qualified as a pharmacist in 1937 and served two years in retail before joining the RAMC. On demobilisation he joined Burroughs Wellcome before becoming manager, drug sales and manufacturing, with Ayrton, Saunders & Co Ltd in 1946. In 1959 he was appointed export director and in 1969 to his present appointment. Mr Shipley was a member of the council of the National Association of Pharmaceutical Distributors from 1973 to 1977. **Mr E. H. Butler** has become vice-

Continued on p111

Fall in world drugs trade predicted

A sharp fall in the growth of world pharmaceuticals trade in the five years to 1980 was predicted in a *Financial Times* article last week. The author said the industry was unlikely to achieve its target of a £500m balance of trade surplus by then. As part of the Government's industrial strategy, the pharmaceuticals sector working party is discussing the industry's performance with several companies. A spokesman for the National Economic Development Council told *C&D* there had been no final decision yet as to whether the working party's report would be published.

New European industry group

All the individual European pharmaceutical trade associations belonging to *Groupement International de l'Industrie Pharmaceutique des Pays de la CEE* (GIIP) and the Pharmaceutical Industries Association in EFTA (PIA) have agreed to form a European Fed-

eration of Pharmaceutical Industries Association, hoped to become operative in late spring. Mr G. J. Wilkins, chairman of Beecham Group Ltd, is to be its first president. It has been agreed that GIP and PIA will continue for a maximum period of two years after the inaugural meeting of the new federation.

Employee helped to regain sight

Napcolour employee, Mrs Jean Towey, almost blind for six years, has regained her sight following attendance at a Zurich clinic with the help of her Napcolour colleagues' fund raising.

Mrs Towey was suffering from retinitis pigmentosa and her colleagues launched a campaign to raise the £1,400 needed for a last-chance effort to save her sight at the St Gallen Clinic, Zurich. After treatment at the clinic she was informed there was no hope and advised to return home. However, while waiting at the airport her sight began to improve. By coincidence the first thing she was able to read was a sign for "Fuji films" which she handles regularly in the Napcolour dark room where she works. Her vision beyond 20 yards is still inadequate but she has seen her four grandchildren for the first time in six years.

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service facilities and complete
guarantee

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service.

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stiles and complete mo-
service.

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service and producing good profits from
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and doing what it claims
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People

continued from p106

president for the wholesaling section following Mr Shipley's election. **Mr D. L. Coleman** has joined PATA as a retailers' representative and **Mr A. Rodell** now represents International Laboratories Ltd.

Dr D. A. Brown has been conferred a professor of experimental pharmacology at the School of Pharmacy, London.

Dr Halfdan Mahler has been nominated for a second term of office as director-general of the World Health Organisation. His first term of office ends on July 21, when he will have completed five years as director-general. The nomination will be submitted to the thirty-first World Health Assembly meeting in Geneva in May.

Mr C. M. Harris, West Bromwich branch of the Billington group of pharmacies, has won the group's manager of the year award, which incorporates all aspects of retail management performance. The runner-up was **Mr G. Ridge**, Sutton Coldfield branch, and third was **Mr. W. N. Jones**, Stone Cross, Walsall branch. **Mr A. H. Parsons**, Blackheath branch, won the Christmas display competition, second was **Mr K. Minchin**, Smethwick branch, and third **Mr K. L. Smith**, Wednesbury branch.

Mr George T. Knight, FPS, LRIC, district pharmaceutical officer to Gateshead Area Health Authority is to retire due to ill health at the end of March. He qualified from Sunderland Technical College in 1937 and, after experience in the chemical industry, joined the hospital service in 1942. After Army Service he became chief pharmacist at Middlesbrough General Hospital, and was appointed group chief pharmacist at Queen Elizabeth Hospital, Gateshead, in 1961. After NHS reorganisation he was appointed district pharmaceutical officer and principal pharmacist for Gateshead Area Health Authority.

Deaths

O'Connor: Suddenly at the Western Infirmary, Glasgow, on January 17, Mr Denis O'Connor, 171 Randolph Drive, Clarkston, Glasgow. Mr O'Connor qualified as a pharmacist in 1948 and was on the Register until 1974. He leaves a wife Greta Cairns and three children.

News in brief

□ The index of retail prices for December 1977 was 188.4 (January 1974=100) representing an increase of 0.5 per cent on November and 12.1 per cent on the previous year (168.0).

□ Chemists and appliance contractors in Northern Ireland dispensed, during October 1977, 965,109 prescriptions (609,165 forms) at a cost of £1,757,405 representing £1.82 per prescription.

□ Regulations incorporating minor modifications to The Pharmaceutical Society (Statutory Committee) Order of Council 1957, arising from the repeal of the relevant sections of the Pharmacy

TOPICAL REFLECTIONS

by Xrayser

Sorting men from boys

I did not intend to write on the Clothier report, feeling that your correspondence column would cover the matter pretty well. It did, but I changed my mind because I am still at a loss to see reason behind Mr S. Bubb's outraged, and to my mind outrageous, widely distributed cry for the report's rejection (January 14, p60) I know that he is in charge of a health centre consortium pharmacy and can only speculate that because he has an ideal post he wants us all to enjoy the same security. One is appreciative of his concern that we hold out for a monopoly of dispensing. However, history and experience have made me suspicious when anyone not affected personally by the consequences exhorts us to reject what we may attain, for the sake of "divine right" or "principle". I am afraid of where such rejection would leave us.

I am reminded of the story of the little Dutch boy who, coming home from school one evening, saw a leak in the dyke. Realising that if it were left, the sea would rapidly breach the wall and engulf his village, he moved to the hole and was about to block it with his finger when a man came along and shouted to him: "Stop! You must not put your hand in the hole! Don't you know that the only proper way to mend dykes is with cement?"

The boy looked up and replied, "Yes sir, but don't you know that the nearest cement is at Westminster and the delivery time is fifty years?" And then the brave little chap, whose name was Clothier, blocked the leak with his arm, for the hole had grown apace. He stayed there until he was rescued and became a hero.

We know, and I think the man knew, that he could not deliver the cement in time. The boy, though not ignorant of a higher philosophy, mended the breach with the materials he had in hand. Some of our relatives might be saved. Are you a man or a boy?

How much?

Last month a visitor presented a private prescription for Lanoxin 0.25 mg 100. As I took it in she asked me with ill-disguised petulance, "And how much are you going to charge me?" Now this script had been around, and when I was entering it I looked at various dispensing codes and stamps, and saw some reason in the remark, for one pharmacy had charged £0.35 and another £0.97. Most, however, hovered around £0.50-£0.55. I don't think that anyone would argue too much about a 5p discrepancy, but such a wide variation casts doubt on our integrity.

It is pleasing after this to read that the general practice subcommittee has redrafted the present scale of private dispensing fees, which the Society is submitting to the Price Commission. This action is overdue as the scale should be revised annually as a matter of course. Additionally it would be helpful, as most dispensed medicines are in tablet form, if directions for pricing them were put simply. So far as I can see, at present most pharmacies are charging cost plus 50 per cent and a few pence for the container. Could we not now try to come to some agreement with these pharmacies which apply a sliding scale of professional fees diminishing as the cost price increases? Nothing damages us more than to appear to be overcharging or cutting the price.

and Poisons Act 1933 and enactment of the Medicines Act 1968 are contained in The Pharmaceutical Society (Statutory Committee) Order of Council 1978 (SI 1978 No 20, HMSO, price £0.25).

□ Dr R. Lindsay, Western Infirmary, Glasgow, has been awarded £15,000 by Schering Chemical Ltd, to study calcium metabolism in post-menopausal patients receiving oestrogen, progestogen and combined therapy. Boehringer Ingelheim Ltd, have awarded Professor A. Gold-

berg, Materia Medica department, Glasgow University, £1,500 for collaboration work on clinical pharmacology.

□ The number of children under 15 treated as hospital inpatients in England and Wales for the toxic effects of non-medicinal substances were estimated to be: 1972, 9,600; 1973, 9,800; 1974, 9,900; 1975, 9,900; 1976, 9,700 (provisional). These figures were given this week by Mr Roland Moyle, Minister for Health.

PRESCRIPTION SPECIALITIES

Natrilix tablets

Natrilix (indapamide hemihydrate) is an antihypertensive which, according to the manufacturers, "cannot be classified easily into existing categories . . . such as diuretics or beta-blockers." Its mode of action involves a reduction in vascular reactivity to vasopressor agents, resulting in a reduction of peripheral resistance. It has the advantage of a once daily dosage

Manufacturer Servier Laboratories Ltd, Servier House, Horsenden Lane South, Greenford, Middlesex UB6 7PW

Description Pink, biconvex, sugar-coated tablet each containing indapamide hemihydrate 2.5 mg

Indications Hypertension

Dosage Adults—one tablet daily, in the morning. Action is progressive and maximum blood pressure reduction may not occur until several months after start of treatment. Doses larger than 2.5 mg daily not recommended as there is no appreciable additional antihypertensive effect but a diuretic effect may become apparent. Another antihypertensive may be added if insufficient blood pressure reduction with indapamide alone

Precautions Co-administration with diuretics which may cause hypokalaemia is not recommended. There is no experience of use in children. Care in cases of severe renal or hepatic impairment. Should be avoided during pregnancy although no teratological effects have been seen in animals

Side effects Generally mild and have included nausea and headache. Serum urate levels may rise slightly but there is no evidence that glucose tolerance is adversely affected

Packs Box of 30 tablets in two blister-packs (£4.12 trade)

Legal category Prescription only

Issued January 1978

Calciparine injection

Manufacturer Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey

Description Disposable syringe containing 5,000 iu calcium heparin in water for injection BP

Indications Prophylaxis of deep venous thrombosis and thromboembolic disease associated with major surgery

Contraindications Hypersensitivity to heparin; conditions with increased danger of haemorrhage including haemophilia, thrombocytopenia, gastric and duodenal ulcers, subacute bacterial endocarditis, threatened abortion, brain, spinal cord and eye surgery; patients with advanced renal or hepatic dysfunction, severe hypertension or in shock

Dosage 5,000 iu subcutaneously, two hours before operation followed by 5,000 iu subcutaneously every eight hours for seven days. If patient still confined to

bed continue dosage till ambulant. Subcutaneous tissue of abdominal wall is recommended site of injection.

Precautions Care in patients receiving salicylates or drugs likely to prolong coagulation. Special care in elderly and pregnant women. Other preparations should not be mixed in syringe with heparin. Injection and needle are sterile and should not be autoclaved

Side effects Hypersensitivity reactions are rare. Acute reversible thrombocytopenia reported rarely. Osteoporosis and alopecia have occurred with treatment over many months

Storage Below 25°C but not frozen

Packs 10 (£7.25 trade)

Supply restrictions Prescription only; hospital only

Issued January 1978

Ovamin 30 tablets

Manufacturer Searle Laboratories, Walton Rd, Morpeth, Northumberland

Description White film-coated tablet, stamped Searle 930 on one side, containing ethynodiol diacetate 2 mg and ethinyloestradiol 30 mcg

Indications Oral contraception

Contraindications etc As for other combined oral contraceptives

Dosage One tablet daily for 21 days, starting on day 5 of the menstrual cycle. Next course after 7 tablet-free days

Storage In cool dry place

Packs Strip of 21 tablets (£0.40 trade)

Supply restrictions Prescription only

Issued January 1978

Ferrlecit 100 tablets

Manufacturer Wade Pharmaceuticals Ltd, Stepfield Witham, Essex CM8 3AG

Description Pink-mauve sugar-coated tablets containing dried ferrous sulphate 165 mg, sodium ferric citrate 150 mg, ascorbic acid 50 mg

Indications Iron deficiency, especially during adolescence, pregnancy

Contra indications Iron-cumulative conditions such as haemochromatosis

Dosage Adults—therapeutic, one tablet twice daily; prophylactic, one daily. Children (6-14 years)—one tablet once or twice daily

Precautions May decrease resorption of tetracyclines and may give positive results in benzidine test

Side effects Iron preparations cause black colouring of faeces

Packs 50 tablets; 5 × 50 tablets (£1.10 per 50 tablets, trade)

Supply restrictions Pharmacy only

Issued January 1978

Bactrim double strength

Roche Products Ltd, have introduced Bactrim Roche double strength tablets (50, £6.08 trade) in addition to the existing adult tablets. Each oval, biconvex, white tablet contains trimethoprim 160 mg and sulphamethoxazole 800 mg. The tablets offer a one tablet twice daily regimen and may be used to reduce the number of tablets taken (not frequency). Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts.



Men's Thicken Hair

Jackel have introduced a Thicken Hair for men. A greaseless lotion, applied after shampooing, it is pH balanced and contains protein to improve texture. It is packed in counter displays of six bottles, (£0.75; special price £0.59 for a limited period).

The 100 ml size of Protei-nail has been repackaged in a plastic bottle with a new display carton. A discount price (£0.83 instead of £0.98) is being offered to the consumer for a limited period. The new packs will carry a flash stating the special offer price. Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland, NE24 4RG.

Wax depilatory

Strip Wax (£1.95), for the removal of unwanted hair on face and body, is made from plastic sheets coated in a wax layer. Treatment consists of pressing a piece to the required area and peeling off in the opposite direction. Full pictorial instructions are included in each pack of six sheets. Advertising in major women's magazines commences in March. Free samples are obtainable. Louis Marcel Ltd, 12 Bexley Street, Windsor, Berks.

Lauder cleansing bar

Estée Lauder have added two "basic cleansing bars" (£4) to their range, a pale green bar for normal to oily skin and a white one for normal to dry skin. The company stresses that these are not soaps but "unique non-alkaline scientifically controlled cleansers" with a synthetic skin softener to help slough off dead skin and dried cells. Estée Lauder, Cosmetics Ltd 71 Grosvenor Street, London W1.

High speed 120 film

Following the launch of Kodacolor 400 film in 135 cassettes, Kodak Ltd are introducing the high speed negative film in 120 size (£1.19). Kodacolor II 135-24 exposure (£1.20) cassettes are replacing the existing 135-20 as stocks of the latter become exhausted. Kodak Ltd, PO Box 66, Hemel Hempstead, Herts.

Six months of Revlon

At the end of January Revlon will be introducing four new frosted shades to their Fabunail range and in February they will modify the Moisture Prescription Series and relaunch it under the Moon Drops label. Great Lustre eye gloss will also be introduced in that month, hailed as "the newest advance from the Revlon research centre" it is said to combine automatic application and creamy formulas with a glowing lustre. Revlon's spring look available from March is described as "wine with everything" and will include strawberry in wine and peaches in wine shades in both moisture cream and frosted lipsticks and in cream nail enamel. A champagne shade added to the crystalline enamel and Great Lustre lip gloss, and pink Champagne and iced sherry in the super frost eye shadows. A new treatment range will also be launched in March, being joined in April by a new make-up, lip colour and eye shadow ranges. Two shades of Moon Drops moisture release day care cream will be made available from May when the company will also repeat their 1977 offer of Love Pat moisturised pressed powder in a mini compact. Plans are also under way to re-package the nail care range under the Fabunail brand name in June. For the first time this range will also include a selected range of nail care instruments. *Revlon International Corporation, 86 Brook Street, London W1Y 2BA.*

Auraseva face pack and moisturiser

Two additions have been made to the Auraseva collection from Charles of the Ritz. Auraseva facial pack (3oz, £8.00) is a treatment for dry skins described as a "unique concept in fast acting moisturising skin care" and the Auraseva First Formula (1oz, £10.00) is a moisture additive which is said to "enhance texture and leave your face feeling soothed, softer, smoother and more resilient to the touch. Available mid-March. *Charles of the Ritz, Brook House, 115 Park Lane, London, W1.*

New range of dog collars and leads

Sherley's are launching nationally a new range of nylon leads and collars for dogs in February. The range (£0.85 to £2) is available in a variety of colours and styles including choker and slide collars and noose leads in royal blue, brown, red and black; they are hard-wearing, and tough enough to hold any dog, say Sherley's. A wallrack and display board are available. *Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey.*

TRADE NEWS



Leotards with Lil-lets

Lil-lets are carrying an on-pack offer of a leotard in four colour choices for £2.25 (a claimed saving of £1). A free exercise wall chart will be supplied with each leotard and application forms appear on the 20s packs—mini, regular, super and super plus. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

Summer advertising for Scholl products

Scholl (UK) Ltd will be promoting their rough skin remover throughout the summer with an intensive advertising campaign. With a budget of over £100,000 it is the largest campaign for a single Scholl product. Full-colour page advertisements will appear in women's magazines from May until September and a display outer will be available to the trade. A 10 per cent discount on four dozen and up to 20 per cent on larger quantities are now available.

Scholl are also spending £80,000 on advertising footsprays in national daily and Sunday newspapers from May to September. Point of sale material includes showcards and dumper bins. Discounts available as above. *Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH*

Airbal lettuce seeds

A promotion is currently available on all three fragrances of Airbal refills from Smith & Nephew. Inside each refill box is a packet of mixed lettuce seeds—continuity, Webbs wonderful, Tom Thumb and Paris white, supplied by Webbs Garden Seeds Ltd. A special outer has been produced containing two by one dozen each of the three fragrances—floral, natural and spicy lemon. *Smith & Nephew Ltd, Bessemer Road, Welwyn Garden City, Herts.*

Faberge offers

Throughout February Fabergé are offering two Kiku or Xanadu products for the price of one. With every purchase of the hand and body lotion (£1.45) consumers will be given a light powder antiperspirant. The company will also be offering a full sized Brut creme shave with every purchase of a 97cc Brut split lotion (£3.95), plus a Wilkinson Sword

bonded razor, two blade dispensers and a voucher for 15p off the next purchase of bonded blades. This offer is available during April. *Faberge Inc, Ridgeway, Iver, Bucks.*

Combi bangles with Anne French

Anne French deep cleansing milk is offering four coloured Scandinavian-designed Combi bangles for £1.99 (a claimed saving of £1) from the end of March until May 31. No proof of purchase is necessary; consumers have to write on a counter leaflet the name of the town where they last bought the product. *International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET.*

Radox on posters

Radox salts poster campaign in Scotland during February involving 150 prime sites. A second phase is scheduled for April and May. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks.*

More Swiss performance

Estee Lauder have introduced a large size bottle of Swiss Performance extract. This product is described by the company as "more than a simple moisturiser". The new size bottle (£17.00) contains 100ml. *Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1.*

Counter sampling for Build-up

A nationwide sampling operation for, Build-up, the convalescent meal replacement is being introduced by Carnation Foods, Co. Ltd.

From January 30, 15,000 special counter dispensers containing 24 sachets of strawberry-flavoured Build-up will be available to pharmacies. The sachets will be sold into the trade at £0.06 and will be sold from the counter at about £0.09 each—some two thirds of their normal price. *Carnation Foods Co Ltd, 11 High Road, London NZ 8AW.*

Pack change for special foods

The packaging of Cow & Gate specialised formula foods has been improved following the installation of a £62,000 packing machine at their Wincanton, Somerset, factory. A parchment bag liner is no longer included, making for a simpler and more efficient packing operation. Measuring scoops have also been redesigned with a broad rim to prevent them sinking into the powder during transit. The scoop is simply pressed out from the rim when ready to use. Carobel and supplementary vitamin tablets in a jar are not affected by the change. *Cow & Gate Babyfoods Ltd, Trowbridge, Wilts.*

TRADE NEWS

Money off Coty fragrances and nine shades added

During February, Coty are offering the consumer a "money off" fragrance promotion. A 50g size of the Masumi flacon mist will retail at £1.45, 40p less than usual, and the promotion is supported by a merchandiser at point of sale. Nine new shades are also being introduced as part of the spring look to Coty Originals—three new lipsticks (£1.15) are ginger-snap, natural cinnamon and seaside coral with matching nail colours (£1.10). Three new powder eye shadows (£1.95), country

brown, blue haze and woodsmoke grey, complete Coty's range to complement the fashion forecasts for spring of soft feminine clothes and colours of yellows, sands and violets.

The company is also adding a high performance moisturising cream—One Perfect Ounce—to their Equatone range. The launch will be supported by a merchandiser/tester unit which holds three products and a tester jar. *Coty Ltd, 941 Great West Road, Brentford, Middlesex.*

Ortho-Gyne-T now prescribable

Ortho-Gyne-T intra-uterine copper contraceptive device (£3 trade) has been included in the 1978 Drug Tariff, having been available from clinics since 1975. *Ortho Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks.*

Cyklokapron generally available

Kabivitrum are making their antifibrinolytic agent, Cyklokapron (tranexamic acid), generally available. It was previously available for hospital use only (bottles of 50 tablets 0.5g, £7.60; six ampoules of 5ml solution for injection 0.1g per ml, £5.70 trade). *Kabivitrum Ltd, Bilton House Uxbridge Road, Ealing, London W5 2TH.*

Bactigras in Tariff

Bactigras tulle, formerly restricted to hospitals, has now been included in the 1978 England and Wales Drug Tariff. Bactigras (10, £0.85 trade) is a 10 cm × 10 cm gauze impregnated with yellow soft paraffin containing 0.5 per cent chlorhexidine acetate and enclosed between two leaves of paper or plastic film. Uses include prevention of infection in surgical, traumatic and ulcerative wounds. It is active against a wide range of Gram-positive and Gram-negative organisms. It is intended for wounds up to 10 per cent of body area although larger areas may be treated. Allergy to chlorhexidine is a contraindication. Storage should be flat and in a cool place. *Smith & Nephew, Bessemer Road, Welwyn Garden City, Herts.*

Film prices cut

Polaroid (UK) Ltd have reduced the prices of four cameras and three film types. The reductions are—models 3000 by £1.50; 2000 by £4.50; 1500 by £3.50; EE100 by £4; films 88 P2 by £0.10; 88 P2 twinpack by £0.68; SX 70 by £0.10. The

reductions refer to the lowest dealer prices, other quantities being specified in the Polaroid price list. The price of the Instant 10 is increased by £0.45.

For a limited period promotional discounts will apply irrespective of quantity and in addition to the price reductions above. The discounts are: 88 P2 by £0.10; 88 P2 twinpack by £0.20; 108 P2 by £0.45; SX 70 by £0.45; flashcubes by £0.05; flashbars by £0.15. *Polaroid (UK) Ltd, Ashley Road, St Albans, Herts.*

'Do-it-yourself' on home-brew sales

Tom Caxton have produced a free "Do-it-yourself" manual for specialist retailers. Available through wholesalers or direct, the manual gives guidance on choosing, merchandising and promoting home-brew beer kits. A wallet at the back contains an order form for free supplies of point-of-sale educational material. Another leaflet "An introduction to brewing at home," and samples of a poster and invitation card for home-brewing demonstrations can also be obtained in quantity, free of charge, from Tom Caxton. *Reckitt & Colman food division, Carrow, Norwich NOR 75A.*

Energen damson

RHM Foods Ltd have added damson flavour jam to their range of Energen low calorie jams. They say they have done this not only to add choice to their existing range but also to meet the demand for a "black" fruit jam, where stocks of blackcurrant jam are low, owing to a national shortage of blackcurrants. The damson jam (£0.43) has 35 calories per ounce and is available in shrink-wrapped trays of 12. The company has also relaunched the Energen starch reduced digestives in a metric pack. The texture and flavour of the biscuits have been improved and the new packaging is said to give extra protection and freshness. *RHM Foods Ltd, 10 Victoria Road, London NW10 6NU.*



For Mother's Day, St Valentine's Day and Easter the molanus 4711 Eau de Cologne is presented in a golden wire basket (£1.25). A merchandiser is available free from Cologne Perfumery Ltd, Telford Road, Basingstoke, Hants

Fenopron addition

Dista are introducing Fenopron 600 mg tablets (100, £6.41 trade), in addition to the 300 mg tablets, from January 30. *Dista Products Ltd, Fleming Road, Speke, Liverpool L24 9LN.*

Numark promotions

The next Numark national promotion is planned from February 13 to 25, and includes Dettol antiseptic, Kotex Simplicity sizes 1 and 2 in 10's, Gerber strained and junior special fruit dessert, Hanx tissues, Elastoplast Airstrip and fabric, Pears shampoo, Wilkinson Bonded blades, and Johnson cotton buds.

Supplementary lines include Colgate Dental Cream, Fresh & Dry antiperspirant, Head & Shoulders shampoo, Kleenex Boutique, Kotex Brevia, Horlicks, and Bemax.

Optional extras are Germolene, Germolene new skin, Germoloids suppositories, ointment and toilet tissue, Rinstead pastilles, Aspro Clear, Kwells, Listerine and Mentholyptus. *ICML, 51 Boreham Road, Warminster, Wilts.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All except U, E
Aspro Clear: All areas
Atrix: All except E, CI
Camay: All areas
Complan: Ln, Lc, NE, So
Contac 400: All except E
Cream Silk: All areas
Crest: All except G, E, CI
Disprin: All except E
Fairy toilet soap: All except Ln, E
Fenning's Little Healers: Lc
Head & Shoulders: All except E
Lem-sip: All except E
Marigold gloves: Ln, M, Lc, Y, NE
Odor-eaters: All except Ln
Poli-grip: Ln
Rennie: All except U, CI
Signal: All areas
SR: All areas
Vitarich: Lc

REDELAN PUTS THE FIZZ IN THE MULTI-VITAMIN MARKET.

Over the last few months the multi-vitamin market has grown by over 20% sterling. Now, Roche launch the first effervescent multi-vitamin drink.

REDELAN. 10 effervescent tablets packed in an aluminium tube, making 10 sparkling, natural orange-flavoured drinks, each containing 10 essential vitamins.



Redelan

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REDELAN is a unique chemist-only product from Roche.

REDELAN is the first effervescent multi-vitamin drink.

REDELAN'S own merchandising force will be maximising sales opportunities.

See your Roche representative the generous REDELAN introductory offer.

A striking campaign at point of sale, including—display outers, carousel units, shelf strips and window stickers.

So be ready. Put a sparkle into your profits. And have an effervescent New Year with REDELAN from Roche.

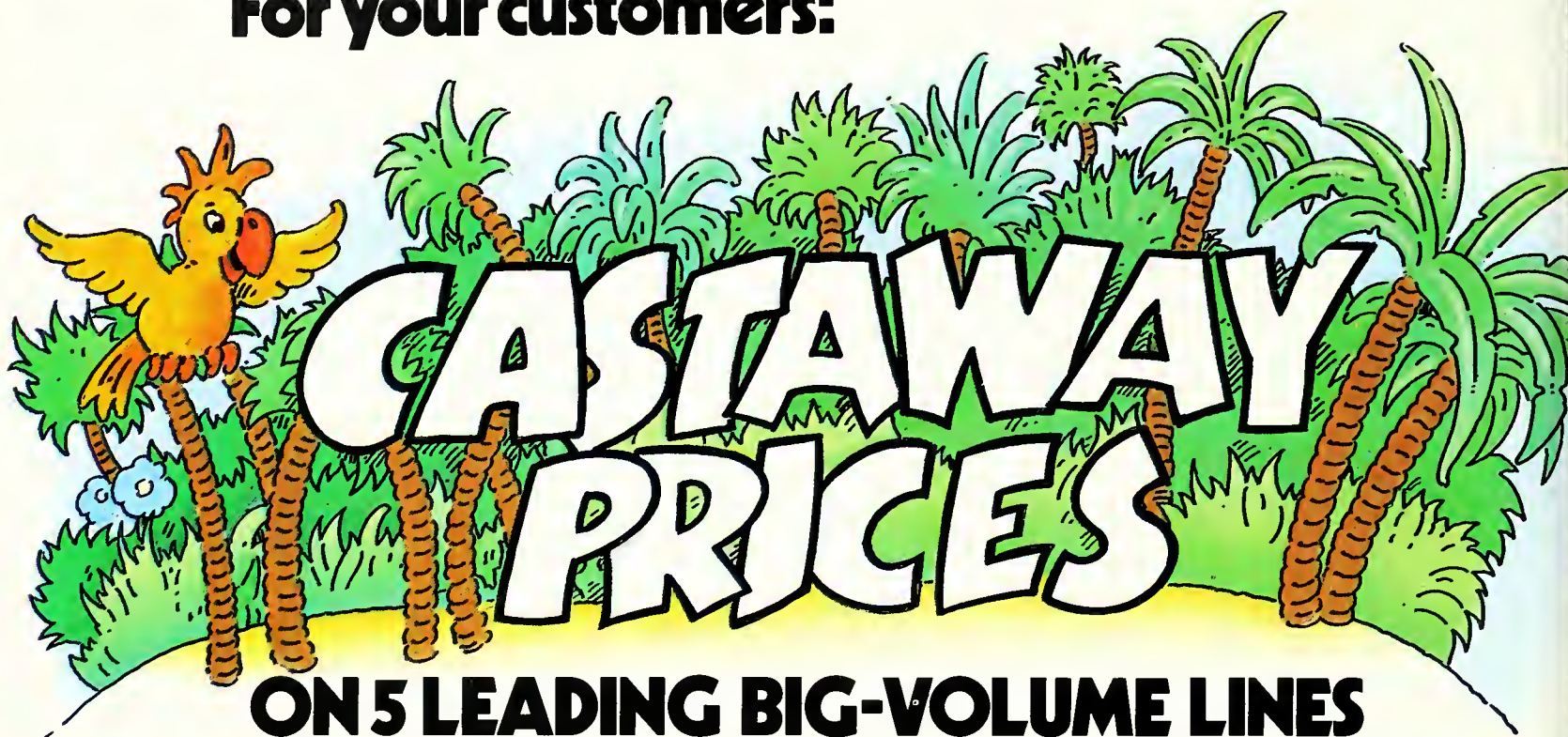
REDELAN is being launched with one of the biggest consumer expenditures in this market.

£200,000 in women's magazines from March 1st, 1978.



COME AND OUR SECOND BIG PROMOTION OFF

For your customers:



Plus a chance to win a fortnight for two in Tobago, the Caribbean's Robinson Crusoe island with first class travel by BWIA Sunjet, luxury hotel and £250 spending money.



IN UNICHEM SOME VERY EXCITING INCENTIVES.

For you: Big-budget advertising across the nation.



Nationwide TV—with big impact
30 second spots at peak viewing time.



38,960,000 pairs of eyes will see UniChem's ads—
your ads—in The Sun, Daily Mirror, Woman,
Woman's Weekly, Daily Record.



*RADIO ADVERTISING—
UNICHEM'S FIRST EVER—
GOES OUT ON 17 STATIONS,
WITH 21 HARD-HITTING
45-SECOND SPOTS ON
EACH STATION.*

There are prizes for you to win
too—among them this Treasure
Chest containing 20 golden sovereigns—worth £600.

After UniChem's big Autumn Promotion, sales really took off. Enthusiastic independent pharmacist members reported that they sold more of some promotion-linked lines than they usually sell in a whole year!

So we're wasting no time reinforcing this success. Our next National promotion breaks on March 1st. And as we said last time, it's the sort of campaign that puts UniChem members in the same league as big-budget advertisers. The only difference is: it's free. If you're a UniChem member, you'll be getting the full details shortly. If you're not, why not? Call 01-542 8522 now, and ask for John Speller.

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that children really enjoy



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Children, particularly, will love its natural orange taste and Mum will have none of the problems she encounters when persuading them to take fish oil preparations.

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London N16 5DR

*Trademark



Pharmacy in Ireland

Pharmacy in the Irish Republic has made enormous strides over the past decade or so, growing in education, role, status and influence. C&D has been proud to record these developments as the official organ of the Pharmaceutical Society of Ireland and in this issue the presidents of the Society and of the Irish Pharmaceutical Union take stock of the current situation. We also look closely at the way that the Republic's industrialisation policy has led to new opportunities in that country for pharmaceutical companies and the profession itself.

The pharmacist in the community

by Aidan O'Shea, MPSI
president, Irish Pharmaceutical Union

Irish pharmacists describe their retail pharmacies as community pharmacies, not to indulge the Irish habit of playing with words, but because "community pharmacy" most aptly describes the intimacy, scale, and local character of Irish retail practice. Intimacy suggests a personal knowledge of one's customers and patients; this is possible because of the relatively small scale of operation.

Most Irish community pharmacies (there are 1,180 in all) are independent, owner-operated establishments with a small auxiliary staff. This gives them strength of personal character, while leaving them vulnerable both economically and professionally. Local character is important insofar as it has been said that Ireland is the only western European society which still places friendship and contact before gain on its list of priorities. This apparent cliché is nonetheless true, as direct experience of Irish life affirms.

These cosy features of self-reliance and independent ownership must be balanced against the fact that many Irish community pharmacists work a heartbeat away from personal disaster, having no permanent qualified staff, limited contact with doctors and fellow-pharmacists, and negligible continuing education to renew their professional knowledge. Such isolation is particularly acute in middle-aged and older pharmacists (with honourable exceptions). Nothing makes this isolation more poignant than the death of an owner-pharmacist, whose family must then rely on lines of professional friendship and help which long lay unused in the deceased pharmacist's lifetime.

Economics

Irish community pharmacies have four main segments of activity, which vary greatly from village to country market town, from suburb to city centre. These segments are as follows:

1. *General Medical Services Scheme (GMS).* This is a national choice-of-doctor-and pharmacist general practice scheme for which eligibility is income-related. Broadly speaking, it covers 40 per cent of the total population and includes most pensioners, welfare recipients, and low-income families. Medi-

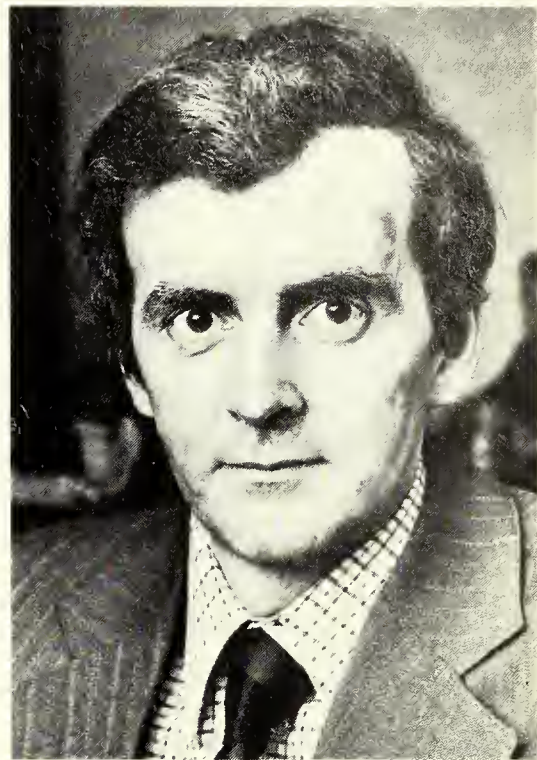
cal consultations and prescription drug costs and fees are paid for by the State. The terms of contract for pharmacists allow for payment of the wholesale price of the drug supplied plus a fee (the basic dispensing fee now being almost 51p). There is an ascending scale of fees to allow for special services within and outside contract hours. The average fee earnings per pharmacy were just over £4,000 for the year 1976. It is an inescapable feature of such a scheme (and no news to NHS contractors in the UK) that when drugs are "free" to the patient, excessive demand leads to excessive prescribing, not paralleled in private practice.

2. *Private dispensing and OTC medicines.* The remaining 60 per cent of the population depends on its own resources to avail of the private medical services. The Irish State is conscious of the cost of prescribed drugs and medicines for private patients, and this is a politically sensitive issue, which is constantly featured on national television and radio (RTE), and in the newspapers. This emphasis places pharmacy's leaders in a defensive position, arguing a case for industry's costs and pharmacists' fees against the strengthening lobby of consumerism.

Worthy concessions have been sought and won by such public pressure; patients suffering from long-term illnesses such as diabetes mellitus, mental handicap, epilepsy, cystic fibrosis and others qualify for free drugs irrespective of family income. Other long-term illnesses such as asthma and hypertension require costly treatment and are not yet included in the scheme. Another major progression has been the launch of the Limited Eligibility Scheme which refunds verified prescription expenses in excess of £8 per family per calendar month.

Such a patchwork of schemes inevitably causes anomalies, administrative delays and, indeed, confusion and hardship for the patient at times. But they do represent an increasing State commitment both in quality and amount to community health care.

The pharmacist's reward? The overall profit margin on OTC medicines is 30 per cent of sales, and the private dispensing fee-per-item on manufactured preparations is 50p. This latter is cur-



rently being reviewed by the National Prices Commission, an increase having been rejected during a Government austerity period early in 1977. Since then the Government has changed, a new economic growth has emerged, and pharmacists return to the drawing board with their private fee claim. But it will take the traditional mixture of "blood, sweat and tears" to gain even a modest advance on this fee.

3. *Non-pharmaceutical trading.* This, although third in my sequence, may of course be first in rank of sales for some High-Street city pharmacies. Toiletries, photographic goods, and gifts carry a value-added-tax rating of 20 per cent, and are luxuries in that sense. Nonetheless they are a profitable feature of larger pharmacies, despite competition from stores and discount shops.

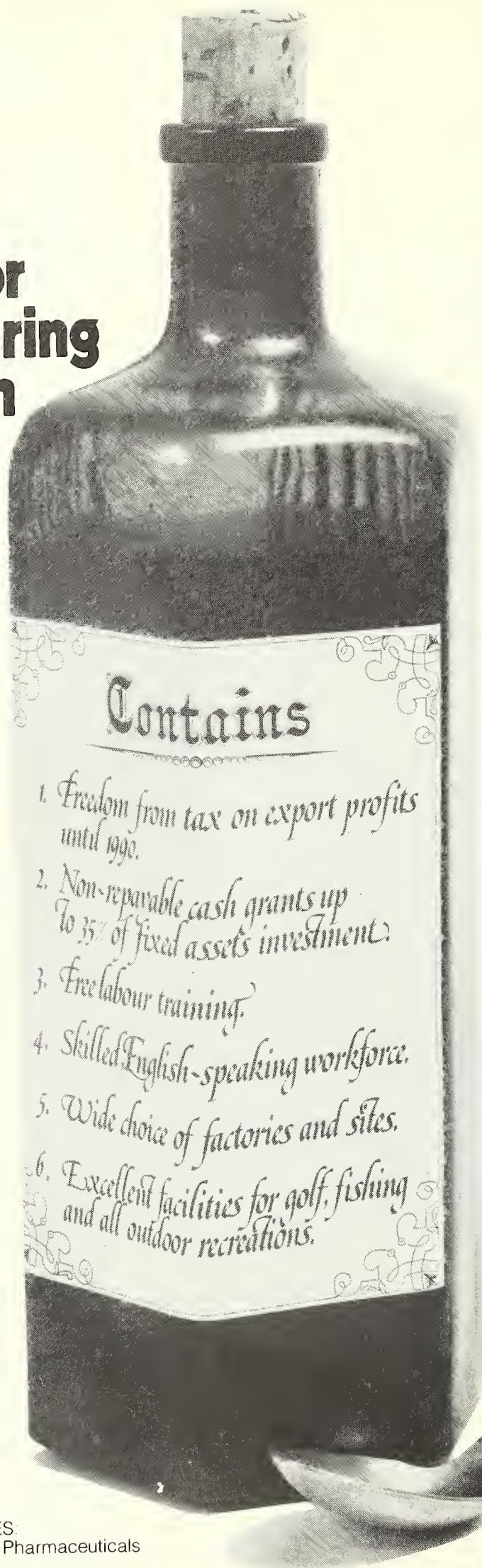
Many smaller pharmacies have phased these lines down but not out, realising perhaps that they offer an inducement to custom and a source of profit. It is doubtful if the stocks required justify the investment for many pharmacists.

4. *Rural specialities.* Pharmacy in rural Ireland has two additional features. The first is the market for veterinary cerates, injections, vaccines, anthelmintics etc. EEC membership has been a spur to Irish farming progress and many pharmacists have developed great skill (both in therapeutics and bargaining-) to meet the growing demand for veterinary medicines. Profit margins are keen, but sale values are high, and many a rural pharmacist has found new and bovine horizons for his pharmacology.

The second rural feature is the dispensing doctor (a GMS practitioner in a remote area), whose drugs for dispens-

Concluded on p126

Tonic for manufacturing strength



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Industrial Marketing Section,
Shannon Free Airport,
Shannon, Co. Clare
Ireland.

REFERENCES

1. Beecham Pharmaceuticals 1977
2. Syntex Corporation 1974
3. Richardson Merrell Inc. 1977
4. Antigen Limited 1949

SHANNON
DEVELOPMENT

The pharmacist in the industry

by M. F. Walsh, FPSI
president, Pharmaceutical Society of Ireland

On New Year's Day 1973, Ireland, as well as Britain and Denmark, joined the EEC. This month marks the end of a five-year transition period which allowed all three to adjust to full membership.

I mention this because, in many ways, the progress of the Irish pharmaceutical industry and the pharmacist working within it are inextricably linked with EEC membership. But long before the advent of EEC legislation, Professor Timoney and the staff of the College of Pharmacy had made representations to the Council of the Society about ways and means of extending the then three-year academic course with a view not only to providing more facilities and space for staff and students at the College, but also with the object of anticipating future international standards. The Council accepted the case made by the academic staff.

A wise decision

It is not my intention now to dwell for long on today's politics or yesterday's history but, in the light of subsequent events and the future development of the Irish pharmaceutical industry, that decision has proved a wise one. This decision by the Council, based at first on its own observations and judgment, was later endorsed by outside consultants. Three distinct impressions emerged:

- (i) the old concept of pharmacy as simply hand-maiden of medicine was no longer valid or acceptable;
- (ii) we had progressed away from the notional crossroads which had pre-occupied us for so long and
- (iii) that we were now clearly moving along new paths of professional responsibility.

Eventually, the culmination of this new thinking, discussion and negotiation over a protracted period was the establishment of a four-year course for pharmacists in the University of Dublin (Trinity College). The Council considered that the profession was at a very important stage in its development and that the new four-year degree course was an essential element in its plans for expanding the role of the pharmacist in society.

Briefly, there were three main reasons why it was necessary to enlarge the duration of our basic academic course from three to four years.

1. Leading pharmaceutical educationists (already referred to) from at home and overseas whose advice we had sought confirmed our own assessment that the existing syllabus was overcrowded and

that this was causing unacceptable strains on students and teachers alike.

2. The EEC Directive Two (75/319/EEC), concerning the manufacture of medicinal preparations, specifies that the "qualified person" with overall responsibility for the manufacture of medicines in a pharmaceutical laboratory must hold a university degree, or diploma of equal merit, certifying that he/she has studied certain essential subjects to a required level and has passed examinations in those subjects. Our new degree satisfies the EEC requirements in this regard.

3. The Society had agreed as early as 1975, with the following statement in a policy document submitted to the EEC *Groupment*: "the total period of training must comprise five years of theoretical and practical study at university level, including an appropriate period of training in a community pharmacy".

At the time of writing, an EEC Directive on the mutual recognition of pharmaceutical diplomas has not been promulgated by the Commission but, in view of what happened with Directive Two, my advice to the *Groupement* would be to discuss, decide, unite—and then act.

Three-year graduates

I should add that any graduate who qualified on the basis of a three-year course will be given the opportunity of reading a fourth year in the pharmaceutical sciences to comply with the "qualified person" requirements of the EEC. Under the new agreement with the University of Dublin, arrangements have been made for the conferring of higher degrees following appropriate post-graduate studies. The overall strategy of the Council of the Society (one that has been shared by our academic staff) in relation to education has always been based on the principle of "unicity". This ensures that a person who meets the basic educational qualifications is entitled to enter, immediately, any of the recognised areas of practice, including industry. It is accepted that those anxious to achieve higher positions of responsibility in the industry will require senior management courses, which can now be arranged by the Irish Pharmaceutical Union in association with the Irish Management Institute.

I should also add, finally, that having regard to changing trends of pharmaceutical practice and the emergence of the concept of "clinical" pharmacy, it is



hoped to include some lectures in therapeutics and elements of pathology, if, in the opinion of the director of the school of pharmacy their inclusion will not obtrude on the teaching of the essential pharmaceutical science subjects.

Year of progress

It has been confirmed officially that 1977 has been a good year for the Irish economy as a whole and I am happy to note that the UK has been doing better too. The past year has been a very good one for the Irish pharmaceutical industry in particular. It is expected that exports from the industry will come close to £100m (£56m in 1976).

The industry in Ireland has made tremendous progress in recent years and all concerned in this determined effort are to be congratulated for their vision, their courage—even in the dark days of the recession—and now their success. The industry has come out of the recession very well and the health professions, as well as the public at large, owe them a deep debt of gratitude.

I have examined the industry's history and then looked into the proverbial crystal ball in order to assess its present position and future progress, in the context of what it has so far offered to the profession in terms of the actual employment of pharmacists. And the answer, I am afraid, is "very little" in relation to its present production, investment and total personnel employed (10,000 at present with new investment expected to provide another 5,000 jobs by 1980).

To the best of my knowledge, the number of pharmacists employed is as low as 100 approximately, or the equivalent of 5 per cent of all registered pharmacists. My own observations suggest that many pharmacists are leaving the industry for better-paid employment in community practice, and many of them consider that the prospect of greater independence and eventual proprietorship is a far better thing for them

Continued on p122

Pharmacists in industry

Continued from p121

than the alleged monotonous bureaucracy of the industry. I believe this to be wrong and short-sighted on their part, but it does highlight the failure both by the profession and the industry itself to motivate young pharmacists towards rewarding careers in the industry. If they are prepared to start at the bottom rung of the ladder they can work their way literally into the boardroom (I shall return again to this question of incentives in my *resumé*).

Advertising

It is well established that the industry recognised its responsibilities in the area of advertising, particularly of OTC products to the public, as well as in the promotion of medical products and information to doctors and pharmacists. Naturally, I am glad to note that the industry's Code of Marketing Practice has been revised and strengthened and will result in a more rigorous set of advertising standards and limitations, and that the Code will be mandatory on all members of the Proprietary Medicines Division of the Federation of Irish Chemical Industries. My own view is that every advertisement to the public should contain an element of genuine health education information. I understand an EEC Directive is currently being re-drafted and it will deal with all aspects of advertising, including the information given out by pharmaceutical representatives. This aspect of the Federation's activities has now been put in the charge of a pharmacist with long experience of the industry—Mr J. Martin, MPS.

At the request of the Minister for Health, the National Drugs Advisory Board considered during 1974-76 the advertising of medicinal products to the general public in relation to need, content, surveillance and handling of complaints. It was recommended that a "positive" code of advertising should be established in relation to medicinal products and the public. The tenor of the advertisement should conform with the schedule to the appropriate product authorisation and should include, apart from the trade name, the approved or recognised name, the recommended dose and use and any precautions necessary. In other words, the Board felt it essential that the layman should be properly informed on the product.

The public should receive education on health care, medications and the safe treatment of non-specific symptoms. This education should commence in the schools and should continue on with the adult.

An independent body should be established with representatives of advertising



Quality control at Schwarzhaupt in Cork

associations, the pharmaceutical industry, consumers and professional associations, and should be responsible for "vetting" advertising content and for assessing complaints. In the case of advertising intended for the spoken and visual media, this body should preview proposed advertising. The existence of such a body should be made known to the lay and professional public.

The Board emphasised that the advertising of medicinal products requires special care in view of the nature of the product. Sufficient information should be available to the consumer as to allow him to make a rational decision on the use of the product. In my opinion, the Board might have mentioned the role of the pharmacist in giving advice to the patient or customer at the point of supply or sale.

Pharmaceutical prices

I realise that this can be an emotive subject, but, as we are all taxpayers who must pay for the Health Services, it should be referred to with a view of putting the subject into some perspective.

It is well known that costs of raw materials, research and labour, have increased enormously in the pharmaceutical industry as in all industries, and this is true particularly where the cost of imported products has become inflated whether due to inflation, devaluation, or re-evaluation of other currencies, etc. Nevertheless, it is gratifying to report that since the introduction of the GMS here the average prescription cost in 1976 was still only 60 per cent higher than in 1973, while during the same period the general Consumer Price Index had risen by 67 per cent. Any objective review of the prices of pharmaceutical products in the UK and Ireland (and these are closely related) will indicate that our prices are still the lowest in Europe. Ireland receives many benefits from research and

development in new products from the world-wide activities of the industry which we as a country could not afford to fund from our own limited resources.

Finally, in this context, there is much ill-informed criticism of the so-called "drug bill", while there is insufficient effort and initiative put into the educational aspects of personal medication. It is my confirmed opinion that if patients were instructed on how to take their medicines *correctly* they would then be taking them *economically*. How many patients, for instance, always take an antibiotic on an empty stomach? Or an antacid about a half to one hour after meals? The pharmacist (and indeed the Society) has a major role to play here *if permitted to do so*.

Summary

I hope it is clear to all *C&D* readers that the Irish economy has had a good year and that the pharmaceutical industry enjoyed a particularly good one. In other words, we have come through the recent recession very well indeed. But I should point out also that while this has been a good year for the economy as a whole, it was not quite buoyant enough to solve all our economic troubles. We have a very young working population (50 per cent of which is under 25 years) and high unemployment. Neither does the tremendous progress made in the pharmaceutical field ensure that employment for pharmacists in the industry will increase in the near future unless there is a radical change in the type of investment and development. The progress to date has come mostly from the fine chemical industry which manufactures and exports bulk drugs in considerable quantity. Everyone connected with those enterprises deserves our best thanks for their perseverance and courageous adaptation to the severe prevailing economic

Concluded on p126

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The attractions for industry

The Republic of Ireland has become a major base for the health care industries in less than a decade, with some 50 companies now having manufacturing facilities. This sector currently employs around 8,000 people and is expected to grow to about 13,000 by 1980.

Much of the credit for this phenomenal growth must go to the efforts of a government agency, the Irish Industrial Development Authority, which has identified health care as an industry particularly suited to benefit from the package of government financial incentives and capable of providing jobs for skilled workers. Among the main incentives are:

- Total relief on profits from exports of goods produced in Ireland up to April 1990. Sales to the parent or other associated companies as well as to customers abroad are regarded as exports.

- Non-repayable cash grants provided by the IDA towards the cost of new fixed assets, up to a maximum of 50 per cent of fixed investment.

- Non-repayable cash grants towards the cost of an agreed training programme, including wages and expenses of workers being trained in Ireland or abroad, salaries and expenses of training personnel, management training expenses and consultants' fees. (The services of the Industrial Training Authority, AnCo, are available.)

- Advance factories and industrial estates are operated by the IDA, and at Shannon and Limerick through the Shannon Free Airport Development Co. Factories may be bought or leased.

- Research and development grants towards the current cost of specific projects, and towards the cost of fixed assets for research and development facilities linked to a manufacturing unit.

An IDA-owned research park has been established at Naas to enable firms to carry out industrial research and development at low cost in a suitable environment.

Duty-free development

Particular effort has been put into attracting industry into the west of Ireland, where the Shannon Free Airport Development Company acts as agent for the IDA. As the name suggests, this agency has been built up from the concept of a duty-free airport, first through the stage of a duty-free industrial park associated with the airport, and later to cover the whole of the 3,000-square-mile mid-west region. The success of the project led in 1961 to the establishment of the country's first new town for over two centuries—and it now has a population of over 7,000. Among pharmaceutical companies attracted to the region have been Pfizer, Syntex and Richardson-Merrell. Beecham had planned until

recently to build a combined bulk penicillin manufacturing and finishing unit—but local "environmental" opposition has led to the finishing end only going ahead.

At the invitation of the IDA, C&D recently visited a number of pharmaceutical companies to see how the "paper" attractions had worked out in practice.

Syntex took the decision to set up in Ireland in 1973—they needed a new plant to produce naproxen—and having "broken ground" in May 1974 were in a position to start production by February 1977. At Ennis, near Shannon, they have a £12m investment in the first stage and are now contemplating a second stage development on the 78-acre site. Initial export sales value is running at £7m a year with Europe as the main market.

Staff available

Export taxation relief and capital grants were among the main inducements to use Ireland. Another important factor was the availability of a workforce of technically-trained people—over half of the 200 employees are either graduates or have some other technical training—but the supply is dwindling as industry mops up the former unemployed, and Syntex are now finding it necessary to import some grades.

The work carried out at Ennis is a multi-stage chemical synthesis and Syntex made use of the services of AnCO to train supervisors and process plant operatives—for the latter a four to six-week course was set up on-site to save the trainees having to travel to the course available at Cork. The average age of the operatives is only around 22—and they have included a large number of school leavers. Shift work is something to which the operatives have had to adapt—happily, it appears, as it was regarded with some excitement, being new to the area.

According to managing director Dr. J. Day, Ireland has proved "equal to or better than expectations".

Merck Sharp & Dohme (Ireland) Ltd's plant at Ballydine came into being because the group had pharmaceutical finishing but no bulk manufacturing facilities in their greatest expansion area—Europe. The attractions of Ireland were the language (causing no difficulty for the US parent), membership of the EEC, the incentives offered by the IDA and, not least, the availability of sites. Ballydine has a particular advantage in that there is a marvellous water supply—essential for a plant requiring one million gallons a day (and double that volume passes the site in the River Suir). It is also well placed for transport to the

ports of Waterford and Cork and Shannon airport, and is not too far from Dublin.

Construction began in April 1973 and the plant was commissioned in June 1976, some 45 of the 188 acres then being developed for a capital investment of £24m. Three drugs are in manufacture—indomethacin, amitriptyline and cypheptadine—and the company has recently embarked on a \$13m expansion programme which will lead to the production of sulindac and amiloride. The plant operates on a "modular" basis—that is, the process operations can be changed to accommodate a wide range of products simply by changing the flexible pipe connections between the various reaction vessels—and is under a greater degree of computer control and on a larger scale than had been the case at any of the group's other plants.

Only the general manager and his assistant are American and the company say they had no difficulty in getting good Irish staff when setting up—when they advertised in 1973 they were processing as many as 1,000 applications a month! Departmental heads were sent to the USA to train on a prototype plant and they returned to train their own subordinates; process operators were trained to basic levels in the AnCO regional training centre at Cork then returned to specialise. Overall, the company is understood to be very pleased with the Irish operation. The plant has continuous processes and has recently changed to a three days on, three days off, 12-hour shift system, which has been well accepted by the workforce. With an absentee rate of only 2 per cent, it has one of the best records in the country.

High value, low volume

Irish Fler Laboratories Ltd, part of the Boehringer Ingelheim group, has an investment of about £2½m at Little Island, an industrial estate just outside Cork. Here they manufacture the active ingredients of Persantin, Bisolvon and Dulcolax for export to pharmaceutical producers worldwide. Again the output is high value and low volume—the current production amounting to some 10 tons a year but worth several £millions. Building began at the end of 1975 and the plant was in production by mid-1976. The company trained its own operators (all staff, including the management, are Irish) but has been considering using AnCO in future because of the small numbers involved. It has been found necessary to stipulate leaving certificate standard for process operatives.

A neighbour on the Cork site is Galeo, a subsidiary of the Swedish AB Leo, which is also engaged in chemical synthesis of pharmaceutical ingredients.

They took advantage of IDA inducements and AnCO services but were also attracted to Ireland by the location—its terrain, people and facilities were seen to resemble those of Sweden, with the ready availability of services not having led to “over-industrialisation” of the countryside. Ireland also provides a good foothold in the EEC for a non-EEC-based company. Industrial relations were particularly commented upon to *C&D* by a company spokesman, with staff turnover having been minimal since the plant opened in April 1975. He also praised the trade and commercial associations, both local and national, for the advice and assistance they provide to incoming firms.

Finishing services

All the companies so far mentioned have been involved in chemical synthesis of ingredients that go overseas for their “pharmaceutical” stages. While this is healthy from the point of view of the Irish balance of payments (except that finished products for the Irish market still have to be imported), it is far from labour intensive. There are plants in the finishing business, however, among them Schwarzhaupt. Probably best known for the manufacture of KH3 for the UK market, the company also exports this preparation to the continent, Hong Kong, Africa and the West Indies. The modern factory has considerable spare capacity which has been put to use in the contract filling of hard capsules and generic injection manufacture, and a sterile production area was installed last year. The IDA has been involved in helping the company to set up from the beginning in 1972—even to the extent of smoothing the path to get the electricity supply established, for example. (The help of the IDA regional officers in such matters had impressed all the company executives *C&D* met in Ireland.) The staff includes two pharmacists and all but the general manager (from the German parent) are Irish. Staff turnover has been negligible, with some girls working the lines being those who started in 1972. In fact, the “quality of life” in Ireland was an attraction to the German company—they have an ideal site close to Cork airport yet with a third of the city’s working population within walking distance of the factory.

It is not all pharmaceuticals manufacture, however—nor, for that matter, all foreign-owned industry. Johnson Brothers

manufacturing division was formed in the 1930s to provide a service of manufacturing products for sale in the Irish market which could not be imported due to protective import duties, acting for companies such as Cussons, Yardley, Cuticura and 4711. When the Anglo-Irish Free Trade Agreement was signed it was evident to the company that they had to diversify into more export orientated business and in 1969 they secured the contract for producing Quickies (exported to the UK and many other countries), later diversifying into aerosol fragrance sprays. Johnson now specialise in creams, powders, lotions and fragrances and are set up to provide an immediate manufacturing service to a company that may be short of productive capacity or developing a new product and does not wish to initially invest in its own equipment. This allows for the setting up of an Irish company to take advantage of the export tax relief without having to invest in a large capital outlay—attractive to small and medium outside manufacturing facilities.

Not every company sees the picture the same way, however, and what is an “advantage” to some is a “disadvantage” to others. In contrast to points made above, we were told also that labour costs are increasing rapidly, that the logistics of Ireland in relation to the European mainland can cause problems, that the rural environment has its drawbacks (including a poor communications infrastructure) and that the publicity given to some notable cases of bad labour relations have caused parent groups to be cautious about further investment.

But there is undoubtedly overall agreement among the industrialists *C&D* has contacted that setting up in Ireland was a wise decision. Certainly financial incentives have played a major part in arriving at the decision, but multi-million plants are not lightly closed down nor easily transferred—so Ireland is likely to become a force to be reckoned with in the international market.

A broad spread

To illustrate the breadth of the industry in Ireland today, we give below a few details of other typical companies.

Allergan Pharmaceuticals (Ireland) Ltd: Came to Westport, co Mayo, only in 1977 and by next month expects to be employing a staff of 50. Manufacture of sterile ophthalmic products is under-

taken, and an output worth £2m is anticipated this year. Exports mainly to EEC. Plans envisage 20,000 sq ft of building in 1978 or 1979. USA parent.

Dental Mirror Co Ltd: A home-based industry producing mouth mirrors and other dental equipment with exports to some 70 countries.

Glaxo Laboratories (Ireland) Ltd: In Ireland since 1955, the company has a plant at Rathfarnham, Dublin, manufacturing a wide range of tablets, creams and ointments plus the liquid preparations of Glaxo Laboratories, Allen & Hanburys and Duncan Flockhart. The 120 staff include ten pharmacists. Production is exclusively for Ireland.

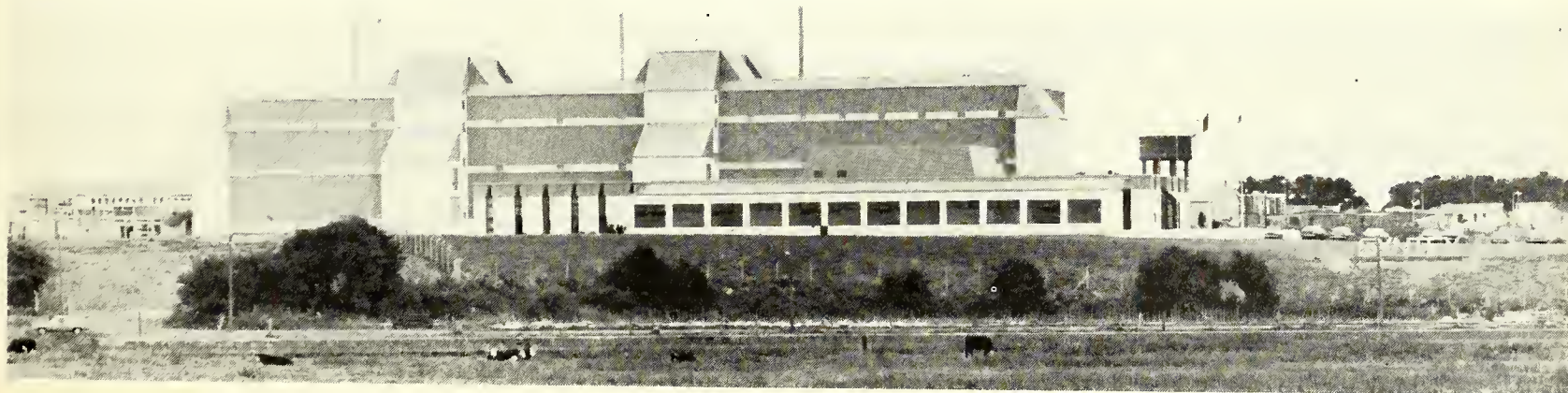
Lilmar Ltd: Export turnover represents 65 per cent of the company’s production (at Santry, Dublin) and is largely based on bulk generic tablets, liquids and veterinary preparations, the main markets being UK, West and East Africa. The staff of 68 includes three pharmacists. A subsidiary of Ward Blenkinsop & Co Ltd, the company also offers a distribution service in Ireland on an exclusive agency basis and is anxious to increase its export manufacturing activities—particularly in bulk granules, tablets and liquids. Established in Ireland in 1938.

Linson Ltd: A subsidiary of E. R. Squibb & Sons Inc (USA), the company was established in Ireland in 1963. Bulk pharmaceuticals totalling 200 tonnes are manufactured at Swords, co Dublin, for export worldwide. There are two pharmacists among the staff of 232. A new building for chemical syntheses is currently in the design stage.

R-M Chemicals Ltd: Formed in Ireland only last year the company is a subsidiary of Richardson-Merrell Inc (USA). Manufacture of Oil of Ulay and its Jenat intermediate is carried out in temporary accommodation at Roscrea but a new plant under construction at Nenagh is due for occupation this summer (see *C&D* October 22, 1977, p638). It is part of a three-phase expansion within a five-year development programme. Main export markets are Germany (Ulay) and Holland, UK, France, Africa, Spain and Australia. Two pharmacists are among the present staff of under 30 people.

Warner-Lambert Ireland Ltd: A pharmaceutical plant was opened at Blackrock, co Dublin, in 1960 to supply the Irish market only. But by October 1976 all pharmaceutical manufacture had been returned to the UK while the Irish became export-orientated and was devoted to diagnostic reagents and chewing gum.

Syntex at Ennis has the typically clean lines of a chemical synthesis plant today



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Pharmacy in Ireland

Pharmacists in industry

Concluded from p122

conditions. They continued to invest and expand and export, against all the odds.

The fact is that the production of bulk chemicals does *not* call for the specialised pharmaceutical and biological skills of the pharmacist. Hence, with the best will in the world, such enterprises cannot provide many new openings for pharmacists. The situation is not without hope, and if there were the proper incentives to new companies, and a switch of emphasis by a number of the long established companies to become involved to a greater extent in what is known as down-stream development, in other words the production of packaged pharmaceuticals—then the specialised skills of the modern pharmacist would be in greater demand. A small number of companies are already engaged here in this type of activity—Antigen, Allergan, Leo, Glaxo, Lilmar, to name but a few.

One major science and research-based company, Beecham, which is scheduled to become operational here about December 1979, might as far as its involvement in the production of semi-synthetic penicillins is concerned, decide to become involved in "down-stream development" as well. Such a decision would make a big difference for new graduate pharmacists here. This is a development that would be welcomed not only by the Society but I am sure by the Industrial Development Authority as well.

Working party

As a suggestion from this report I would recommend that a working party be established to work towards this end. It would have two main objectives:

1. to consult with the industry and other appropriate agencies in order to define a better career structure for the pharmacist in industry and
2. to motivate our young graduates to enter industry, recognising that this would mean starting on a low rung of the ladder, financially, at first. Paradoxically, it would appear that the initial high salaries enjoyed by many employee pharmacists in community pharmacies has been a disincentive to entering industry.

I suggest that such a working party should consist of representatives from the industry, the Irish Pharmaceutical Union, and perhaps the Pharmaceutical Society, who might hold a watching brief as the statutory registration body. It should have the right to co-opt other outside persons with sufficient knowledge, expertise or experience, to help it in its deliberations. This committee would also consider postgraduate qualifications appropriate to high responsibility in industry, etc.

The present situation with regard to

pre-registration training in industry is most disappointing and I trust that both the industry and the Society can have another look at improving existing practice and relationships. Indeed, a pre-registration year in industry might well be a good "apprenticeship" for a life-long and worthwhile career in that area.

I am a firm believer in planning for any worthwhile venture in this complex world we live in and in my opinion there is a great deal of truth in the adage: "There are no planning failures, only failure to plan".

Community pharmacy

Concluded from p119

ing are supplied by a nearby pharmacist contractor. This pharmacist's earnings are "inflation-linked", since he is paid a 25 per cent markup on the cost prices of drugs supplied. This aspect of the GMS scheme is most pronounced in the west and north-west regions of Ireland. Naturally, a pharmacist with a high income from dispensing doctor supplies (known as stock orders) usually has a low prescription income, both GMS and private.

All Irish practising pharmacists are, by definition, members of the Pharmaceutical Society of Ireland. The Society does not have a system of regional branches, although its postgraduate courses are organised in all eight health board regions. The Irish Pharmaceutical Union has eight regional organisations coterminous with the health board regions; these are supplemented by smaller county associations based on one of the 26 counties of the Republic of Ireland. It is fair to say that these regional groups vary considerably—from "paper branches", through moderately active groups, to a thoroughly organised network in several regions. Indeed it has been remarked that pharmacists in Ireland have considerably more solidarity and unity than many other liberal professions.

The future

Much remains to be done by and for Irish community pharmacists to secure their professional and economic future in a hectic world. Improved educational and professional fulfilment in the past decade have given way to a recent dangerous air of smugness. Ethical standards can only be maintained when we achieve licensing and geographic distribution of community pharmacies. The power to implement such licensing lies with the State, which must rouse its political will to see a planned prosperous pharmaceutical service as a civic right, nationwide.

Hospital pharmacy

The hospital pharmacist's role is expected to receive a significant boost as a result of the report of a joint working group, currently with the Minister for Health. We hope to publish an article on this when the report is made public.

Computer progress at Vestric

The £850,000 first phase of a £3m investment in new computer technology was inaugurated at the Vestric computer centre in Speke, Liverpool, last week by Mr Austin E. Bide, chairman and chief executive of Glaxo Holdings Ltd. The system will not bring any immediate tangible benefits to Vestric customers, but it will provide the capacity required to back them in the "retail revolution" which Vestric forecast for the 1980s.

The new computer extension houses the first frame of an ICL 2960 installation, which will be supplemented in October 1978 and April 1979 by two more 2960 frames. Mr Bide said in opening the extension that there was "no intention to slacken any future development." He went on: "Indeed, the intention is to provide for all the company's purposes the same service as has been given to the telephone sales offices and, at a later stage, to offer equal data facilities to all our customers in the form of automatic data transmission from retail terminals".

The new facility has been under development for more than a year and its installation marks the computerisation of virtually every aspect of Vestric's distribution operation. The computer's data processor can attend to customers' requirements at 20 Vestric branches simultaneously and any item stocked by any branch can be identified in less than one tenth of a second. When the computer is at peak output, more than ten invoice lines can be picked out and priced in less than one second.

For the past 10 years, Vestric have been using ICL's 1900 series which they now believe has been developed to the limit of its potential.

According to Mr J. C. Stewart, Vestric managing director, the 2900 series could enable Vestric to reduce its waiting list for the Vantage scheme, which at present has 2000 members. Mr Stewart adds: "All recent research into the retail pharmaceutical industry points to a high degree of computerisation by the 1980s. As distributors, part of our job will be to provide back-up for our retail customers as and when they acquire electronic data processing equipment at the point of sale. "Our new computer will give us that facility".



Mr A. E. Bide (right), chairman and chief executive at Glaxo Holdings Ltd, presses the button to start the first phase of Vestric's new £3m computer extension. Also in photograph are Mr J. G. Drewitt (centre) chairman of Vestric Ltd and Mr J. C. Stewart (Vestric's managing director).

WESTMINSTER REPORT

Container shortage

In a written answer, the Under-Secretary for Social Security, Mr Eric Deakins, said that the DHSS was considering a request by the Pharmaceutical Services Negotiating Committee to make enhanced payments where, because of the bottle shortage, chemists supply additional or more expensive containers in dispensing NHS prescriptions. Chemists were at present paid an additional allowance of 2.5p per container, over and above the normal container allowance of 2.5p for every prescription dispensed where, because of the shortage of certain sizes of container, the chemist indicated he had used a second container in dispensing a prescription. Shortages were expected to continue for a few more months, but the glass industry's investment in additional capacity should ensure adequate supplies in the future.

Patents Rules

In reply to a question about the implementation of the Patents Act, Mr Clinton Davis, Under-Secretary for Trade, said he expected to lay the Patents Rules before Parliament in the next few weeks.

They will include a provision that an employed inventor must claim compensation within one year after the patent has ceased to have effect. If an employee inventor makes a request to the Patents Office, he will be informed of events affecting the patent, in particular the date when it is granted and the date it ceases to have effect.

Directive date

Mr John Fraser, Minister for Prices, said in a Parliamentary written reply this week that member states were required to implement EEC Directive (76/768/EEC) on cosmetics by January 30, 1978, but could permit the marketing of non-complying products for up to 18 months from that date. "A draft of the implementing Regulations has been shown to interested bodies and my department is considering the comments received," he said. Regulations would be made as soon as possible.

Price Code motion

A Parliamentary motion, signed by 14 Labour MPs, has been tabled calling for amendments to the Price Code. It asks the Government to amend the Regulations so that the price of a commodity being investigated by the Price Commission is frozen until the investigation has been completed.

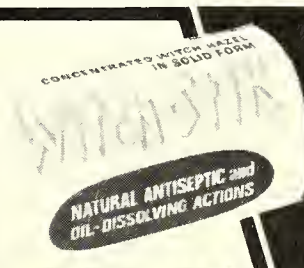


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COMPANY NEWS

Westons 'marginally profitable' but Dixons confident of development

Group sales of Dixons Photographic Ltd and subsidiaries in the 28 weeks to November 12, 1977 amounted to £96.7m (£79.7m in the same period of 1976). Net sales were £89.8m (£75.6m).

An analysis of the sales figures is as follows: retail (Dixons) £25.6m (£22.5m), retail (Westons) £12.2m (£10.7m), wholesale £26.4m (£20.1m), processing £3.1m (£2.2m), manufacturing £881,000 (£937,000), overseas £28.4m (£23.1m). The pre-tax profit for each division was: retail (Dixons) £1.5m (£1.4m), retail (Westons) £22,000 (£124,000), wholesale £820,000 (£805,000), processing £687,000 (£448,000), manufacturing £140,000 (£218,000), overseas £1.5m (£1.4m). The

total pre-tax profit was £4.7m (£4.4m).

The chairman, Mr Stanley Kalms, says that the improved results were achieved despite resistant trading conditions in several major markets. Dixons UK had a record Christmas and there were now clear indications of increased consumer spending. Westons were still only marginally profitable, but the company is confident that the potential earnings can be developed. Dixon's major expansion programme is progressing speedily, says Mr Kalms, "concurrently with the broadening of our product range. The final results for the year should again show satisfactory growth for the group".



Mr G. Beddall (see Appointments)

Bush Boake Allen acquire Swedish flavours company

Bush Boake Allen Ltd, a subsidiary of Albright & Wilson Ltd, have acquired a 100 per cent shareholding in Klevas Aromer AB, a privately owned Swedish company which manufactures spice products and alcoholic extracts for the Scandinavian meat, fish and food processing industries. This is BBA's second acquisition within a year and provides their first flavours manufacturing site in Scandinavia.

BBA's exports of food flavours to Scandinavia in 1976 amounted to £500,000. The flavours sector marketing manager, Mr Ron Sanderson, said "The acquisition of Klevas Aromer will help increase substantially our sales and penetration in Scandinavia and possibly northern Germany... We expect to be able to double Klevas Aromer's current turnover within a few years." Klevas Aromer will continue to trade under its existing name, and the company's founder, Sune Klevas, will remain managing director.

Ciba-Geigy sales rise 5pc last year

Sales of Ciba-Geigy Group in 1977 amounted to SwFr 9,940m (SwFr 9,490m), an increase of 5 per cent. The sales of individual divisions were as follows: dyestuffs and chemicals SwFr 1,980m (down 3 per cent), pharmaceuticals SwFr 2,800m (up 4 per cent), agrochemicals, SwFr 2,470m (up 8 per cent), plastics and additives SwFr 1,780m (up 11 per cent), Airwick group SwFr 390m (no change), Ilford group SwFr 520m (up 10 per cent).

The fall in the growth figure from

6 per cent recorded earlier in the year to 5 per cent for the year as a whole was due principally to unfavourable developments in currency exchange rates. Sales and earnings in the fourth quarter, in particular, were adversely affected by the strong upsurge of the Swiss franc.

The growth in pharmaceuticals was due primarily to increased volume, since there was little or no possibility of increasing prices in a number of countries. The Airwick group was in process of re-structuring during the year. The company states that the sales growth, combined with measures taken in recent years to increase efficiency, will bring the group profit to a higher level than in 1976, but still below 1973 and 1974 levels.

Schering-Plough separate UK company 'most logical step'

Schering-Plough Corporation are carrying out so many interesting, new research projects throughout the world that setting up a separate UK company was the most logical step.

This view was expressed last week by Dr Franz B. Humer, managing director, Warrick Pharmaceuticals Ltd, the new subsidiary which has just launched Optimine, an antihistamine and antiserotonin agent claimed to cause little or no drowsiness (*C&D*, January 21, p81). Two further new product launches are planned for this year, one in the general practice area and a bone cement containing gentamicin which will be for hospital use only.

Most of the company's research expenditure of nearly \$70m in 1978 will be devoted towards antibiotics development, particularly the amino glycosides Sisomicin and Netilmicin. Another anti-

biotic, SCH 23199, with good activity against Gram positive bacteria, is currently undergoing toxicological evaluation, and a number of new dermatological products and central nervous system drugs are being investigated.

During the past 10 years, Schering-Plough Corporation have had extensive licensing, marketing and research agreements with a number of companies in the UK eg gentamicin (Garamycin) is sold by the licensees Nicholas Laboratories Ltd and Roussel Laboratories Ltd. Last year, Warrick Pharmaceuticals Ltd took over responsibility for the Tina-derm range, sold previously by Glaxo under licence from Schering-Plough.

Briefly

Carl Zeiss (Oberhochen) Ltd: The address is now PO Box 4YZ, 31 Foley Street, London W1A 4YZ.

Elanco Products Ltd, have moved to Kingsclere Road, Basingstoke, Hants RG21 2XA.

May & Baker Ltd report in the account for 1976, just issued, that the turnover of the company and its subsidiaries was £98.5m (£76.8m in 1975) and the pre-tax profit was £10.5m (£6.1m).

Appointments

Bristol-Myers Co Ltd: Mr Gerry Beddall has been promoted to general manager of the consumer division. He joined the company as a group product manager in 1972 from Colgate Palmolive, and after three years as marketing manager, has for the past seven months been general sales manager for the consumer division.

Wellcome Foundation Ltd: Mr H. M. Mendelson, FPS, FIPM, MBIM, has been appointed to the board as personnel director. He joined the production centre at Dartford as training and education officer in 1945, became works personnel manager in 1950, and is believed to be the first pharmacist in Britain to have been concerned full time with personnel work.

Pfizer Ltd: Dr E. A. Stevens, medical director of the UK pharmaceutical divi-

sion, has been elected to the board. He joined the UK research division as a physician in 1968, transferred to the European clinical research unit in Brussels in 1973, and assumed his present appointment in March 1977.

Cyanamid of Great Britain Ltd: Mr Rolf H. Henel has been appointed managing director, succeeding Dr J. H. Taylor, who is now vice-president, agricultural products, for Cynamid Europe/Mideast/Africa. For the past 12 years Mr Henel has been with Pfizer Inc, his most recent assignment being general manager, Pfizer Italiana SpA.

LETTERS

Redelan contents

Once again the intelligence of pharmacists is being slighted, this time by Roche. We have recently been informed of the new tablet [Redelan] that they expect the retail pharmacist to promote. Roche have gone to the expense of making a four-page glossy brochure and go to the trouble of pointing out that this new product is a "profitable chemist only line," yet they have not told us what vitamins it contains nor their respective strengths.

Roche appear to believe that the pharmacist should not be informed of such "trivial" information. I for one will certainly not go to any trouble to support them. As retail pharmacists, I feel we have not been well supported by Roche in the past and this is another reason why I will not be backing this new product. What do other chemists feel about this kind of advertising promotion?

C. P. Caplan
Yeadon

Unichem package

The comments of Xrayser in last week's issue of *C&D* include a number of errors and omissions which tend to give a somewhat distorted picture in respect of the overall package which Unichem offers the independent retail pharmacist. I would appreciate your giving space in your columns this week to enable me to put the record straight.

1. Discount on "outers":—under our "PB" (Profitable Buying) scheme Unichem offers a regular discount of 6 per cent (not 5 per cent), as stated. PB purchases qualify also for profit sharing rebate.

2. Rebate:—6 per cent is the forecast basic rate. In addition, for 1978, trading members can earn up to a further 4 per cent, making a possible maximum of 10 per cent (*vide C&D* January 14, p62). For the 1977 forecast basic rate was also 6 per cent, with additional entitlement to a maximum of 8 per cent overall.

3. Purchases eligible for rebate—the phrase "all OTC purchases" must be qualified by "which are not subject to RPM".

P. J. Dodd
Managing Director
Unichem Ltd

MARKET NEWS

American drugs firm

London, January 25: Despite the stronger position of sterling *vis-a-vis* the US dollar most of the botanicals that are imported from North America have been steadily creeping up in price week by week and the past week was no exception. The reason for the firm tone is simply that there is a lack of supplies at origin in turn brought about by adverse weather conditions during the growing period. Firmer are cascara, cherry bark and hydrastis. Also dearer are Jamaican sarsaparilla and Costa Rican ipecacuanha. The balsams were easier with the exception of tolu. Cochin ginger continues to ease with the approach of new crop supplies. The ban by India on exports of turmeric mentioned in these columns two weeks ago has continued. There was an active market against menthol with Brazilian shippers tending to meet the challenge of recent Chinese offers. Similarly Brazilian peppermint oil was down 20p at £4.30 kg, cif.

In pharmaceutical chemicals purified talc and zinc acetate were up.

Pharmaceutical chemicals

Benzocaine: BP in 50-kg lots, £4.49 kg.
Biotin: Crystals £6.66g; £4.91g in 50-g lots.
Chloral hydrate: 50-kg lots £1.43 kg.
Cinchocaine: Base (5-kg lots) £73.18 kg; hydrochloride £69.89.
Cyanocobalamin: £3.39 g; £2.39 g in 100-g lots.
Cyclobarbitone: Calcium £15.39 kg in 25-kg lots.
Dexpanthenol: (Per kg) £11.61; 5-kg £10.61.
Dextromethorphan: £156.20 kg; £155.20 kg in 5-kg.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots; Subject to Misuse of Drugs Regulations.
Folic acid: (kg) £43.34; 5-kg £42.34; 25-kg £41.84.
Methadone hydrochloride: Subject to Misuse of Drugs Regulations, £1.33 per 5-g.
Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £638 to £653 as to maker; hydrochloride £488-£562; phosphate £490-£499; sulphate £562. Diamorphine alkaloid £764; hydrochloride £696. Ethylmorphine hydrochloride £623-£639. Morphine alkaloid £709.50-£722, hydrochloride and sulphate £579-£589.
Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.
Pentobarbitone: Less than 100-kg £16.35 kg; sodium £16.31.
Pethidine hydrochloride: Less than 10-kg lots £39.64-£41.64 kg. Subject to Misuse of Drugs Regulations.
Phenobarbitone: in 50-kg lots £11.62 kg; sodium £12.62.
Pholcodine: 1-kg £538 to £543 as to make; 60-kg lots £493. Subject to Misuse of Drugs Regulations.
Pyridoxine: £26.01 kg; £25.01 (in 5-kg); £24.01 (20-kg).
Quinalbarbitone: Base and sodium in 25-kg lots £16.62 kg.
Reserpine: 100-g lots £0.22g.
Riboflavin: (Per kg) £29.27; 5-kg lots £28.27; 25-kg £27.27; diphosphate sodium £75.88, 5-kg £74.88.
Sodium hydroxide: Pellets BP 1973 in 50-kg lots £0.75 kg; sticks £3.731 kg.
Sodium pantothenate: (Per kg) £14.42; £13.42 in 5 kg lots.
Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg, 5-10 kg lots.
Succinylsulphathiazole: 50-kg lots £5.32 kg.
Sulphacetamide sodium: BP £7.25 kg for 50-kg.
Sulphadimidine: 50-kg lots £5.20 kg.
Sulphamethizole: £8.26 kg in 1,000-kg lots.
Sulphaquinoxaline: BVetC £10.28 kg; sodium salt £12.71 kg both in 50-kg lots.
Talc: BPC sterilised £501 metric ton in 50-kg lots; £301 for 1,000 kg lots.
Thiamine hydrochloride: Per kg £17.45; 5-kg £16.45; 25-kg £15.95; mononitrate as for hydrochloride.
Tocopherol: DL alpha £17.34 kg; 5-kg £16.34 kg.
Tocopheryl acetate: Oil £15.38 kg; £14.38 kg in 5-kg lots; £13.88 (20-kg). Powder 25% £14.97; £13.97; £13.47; 50% £15.66; £14.66; £14.16 respectively.
Vitamin A: (Per kg) acetate powder 500,000 iu/g, £14.56; £13.56 in 5-kg lots. Palmitate, oil 1 miu £14.83; 5-kg £13.83.
Vitamin D₂: Type 500, £24.55 kg; £23.55 (5-kg lots).
Vitamin E: See tocopheryl acetate.
Yohimbine hydrochloride: £225 per kg.

Zinc acetate: Pure £1.09 kg in 50-kg lots.
Zinc chloride: Granular 96/98 per cent £420 metric ton, delivered.

Crude drugs

Aloes: Cape £1,120 ton spot; £1,020 cif. Curacao £2,300, cif nominal.
Balsams: (kg) **Canada:** easier at £11.25 spot; £11.10 cif. **Copaiba:** £1.95 spot; no cif. **Peru:** £6 spot; £5.85 cif. **Tolu:** £4.50 spot.
Benzoïn: Block £103 cwt spot; £102, cif.
Cascara: £1,070 metric ton spot; £1,040, cif.
Cherry bark: spot £1,100 metric ton; £1,080, cif nominal.
Cinnamon: (cif) Seychelles bark £425 metric ton. Ceylon quills 4 o's £0.75 lb; featherings £310 metric ton.
Cloves: Madagascar or Zanzibar £3,675 metric ton, cif.
Ginger: Cochin new crop £930 metric ton, cif (Jan/Feb), Jamaican withdrawn; Nigerian split £1,150 spot; peeled £1,500 spot.
Hydrastis: (kg) £10.50 spot; £10.40, cif.
Ipecacuanha: (kg) Costa Rica £10 spot, £9.80, cif.
Lemon peel: Unextracted £1,300 metric ton spot; shipment, £1,250, cif.
Liquorice root: Chinese £400 metric ton cif. Russian £340 spot; £335, cif, new crop. Block juice £147 ped 100-kg spot; spray dried £1.50-£1.60 kg.
Menthol: (kg) Brazilian £8.35 spot; and cif. Chinese £8.70 in bond £7.50, cif.
Nutmeg: (per ton) Grenada 80's £1,600 spot nominal; unassorted £1,450; defectives £1,190.
Pepper: (ton, cif) Sarawak black £1,370 spot; £1,270, cif; white £1,830 spot; £1,700, cif.
Sarsaparilla: Mexican £1.65 kg, cif; no spot Jamaican £1.92 spot; £1.90, cif.
Seeds: (metric ton, cif) **Anise:** China star £880 nominal. **Caraway:** Dutch £850. **Celery:** Indian £600 (new-crop). **Coriander:** Moroccan £630; Indian £420. **Cumin:** Egyptian £975, Turkish £950, Iranian £980. **Dill:** £180. **Maw:** £540.
Senega: (kg) Canadian £14.20 spot; no cif.
Tonquin beans: £4.20 kg spot; £4, cif.
Turmeric: Madras finger £850 ton spot; new-crop for shipment not offering.
Witchhazel leaves: Spot £3.10 kg; £3, cif.

Essential oils

Camphor white: £0.90 kg spot; £0.90, cif.
Clove: Madagascar leaf, £2.02 kg spot; £2, cif. English-distilled £47.50.
Eucalyptus: Chinese £1.95 kg spot; £2, cif.
Peppermint: (kg) Arvensis—Brazilian £4.50 spot; shipment £4.30, cif. Chinese £4.30 spot; £4.15, cif. Piperata, American Far-West from about £22, cif.
Sassafras: Brazilian £2.50 kg spot; £2.20, cif. Chinese unavailable.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Tuesday, January 31

Chesterfield Branch, National Pharmaceutical Association, Portland Hotel, West Bars, Chesterfield, at 8 pm. Mr E. J. Downing (assistant secretary, NPA) on "Profit from your accounts".

Wednesday, February 1

King's Lynn Branch, Pharmaceutical Society, Hoste Hotel, Burnham Market, at 7.30 pm. Mr D. Coleman (member of Clothier Committee) on the Clothier report.
Royal Society of Health, 13 Grosvenor Place, London SW1, at 6.30 pm. Dr P. E. Brown (general practitioner) on "Acupuncture and community medicine in present day China".
South-East England Region, Pharmaceutical Society, Postgraduate medical centre, Brighton General Hospital, Elm Grove, Brighton, at 8 pm. Postgraduate education course—anatomy and physiology of the heart and circulatory system.
South Wales Area, National Pharmaceutical Association, Pharmacy lecture theatre, UWIST, King Edward VII Avenue, Cardiff, at 7.30 pm. Mr R. G. Worby (chairman, Pharmaceutical Services Negotiating Committee) on "NHS remuneration—current negotiations".

Thursday, February 2

Chelmsford Branch, Pharmaceutical Society, Academic centre, Chelmsford and Essex Hospital at 8 pm. "Acupuncture".
Hull Chemists' Association, Grange Park Hotel, Willerby, at 7.30 pm. Dinner dance.
Society of Cosmetic Chemists, Royal Society of Arts, 6 John Adam Street, London WC2, at 6.30 pm. Mr J. M. Klap (Proprietary Perfumes Ltd) on "Stability testing of perfumes".

Friday, February 3

Pharmaceutical Marketing Club, Veterinary Section, New London Centre, Parker Street, Drury Lane, London WC2, at 12 noon. Dr W. Brinley Morgan (deputy director, Central Veterinary Laboratory, Minister of Agriculture).

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Miscellaneous

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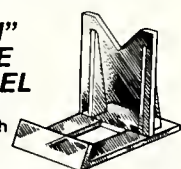


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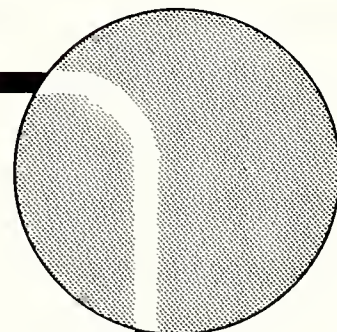
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